



INTERMENT ORDER
VALLEY CENTER MEMORIAL CEMETERY
121 S. MERIDIAN, VALLEY CENTER, KANSAS
316-755-7310 Ext.102

LOT OWNER(S) Name, Address & Phone #: _____

Alternate Phone#: _____

Please list name(s) and phone number for either Next of Kin/Legal Representative: _____

PERSON TO BE INTERRED (deceased): _____

Date of Birth: _____ Date of Death: _____

Veteran: Yes _____ No _____ If Yes, which branch? _____

Casket Burial _____ or Cremation If Cremation, please specify urn & vault type _____

*urn must either be lockable or placed in a lockable approved vault (plastic, stone/concrete or steel)

BURIAL LOCATION Section# _____ Block# _____ Lot# _____

_____**Yes**, I would like to have a City Staff person meet me on-site to review lot location (burial will be scheduled after site visit and confirmation of lot location)

_____**No**, I decline review of lot location (by declining, I acknowledge that the City will not be held responsible for burial lot changes after interment).

Signature - Confirmation of Burial Location: (must be signed after review of lot location by Next of Kin/Legal

Guardian/DPOA) Name _____ Date: _____

SERVICE INFORMATION

Date / Time: _____

Graveside Arrival: _____

Funeral Home: _____ Phone: _____

Address: _____ Email: _____

Grave Digger: CVI Funeral Supply 1-800-362-1318 or email staff@concrete-vaults.com (date) _____

Burial Fee (\$100) Paid to the City of Valley Center: _____

I certify that I have full and complete right to make authorization for the interment in described space and for the delivery of described merchandise and or services, and agree to hold the cemetery harmless for any liability resulting from said authorization.

Signature: Lot Owner or Representative/Date/Phone #

Lot Location Reviewed by: (City Staff Signature/Date)