

**INTERMENT ORDER  
MAIZE PARK TOWNSHIP CEMETERY  
MAIZE, KANSAS  
Phone: 316-722-7561  
Fax: 316-722-0346**

Paid \_\_\_\_\_  
Computer \_\_\_\_\_  
Lg. Map \_\_\_\_\_  
Sm. Map \_\_\_\_\_  
Existing Lot \_\_\_\_\_  
Purchase Lot \_\_\_\_\_

**DECEASED** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**BLOCK#** \_\_\_\_\_ **LOT#** \_\_\_\_\_ **SITE#** \_\_\_\_\_ **FROM THE NORTH**

**UNDERTAKER** \_\_\_\_\_

**TRADITIONAL** \_\_\_\_\_ **CREMATION** \_\_\_\_\_

**TIME OF SERVICE** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **DAY**

**DATE** \_\_\_\_\_ **CHARGE OF OPENING & CLOSING** \_\_\_\_\_

**VETERAN** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

\_\_\_\_\_  
**NEXT OF KIN**

\_\_\_\_\_  
**LOT OWNER**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**PHONE**

**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 of Lot Owner or Representative**