

*St. John the Baptist Catholic Church
Communal Burial of Cremated Remains Request*

DECEDENT'S INFORMATION

First Name _____ Middle _____ Last Name _____

Birth date _____ Death date _____ Age _____

Place of Death: City _____ State _____

County _____

Veteran/Branch Y/N _____

Cremation Certificate: Yes | No Certificate of Death: Yes | No

Funeral Home _____ City/State: _____

LEGAL NEXT OF KIN | PERSON IN POSSESSION OF CREMATED REMAINS

First Name _____ Middle _____ Last Name _____

Relationship to Deceased _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email: _____

For more information or questions, contact Mark Dittman, 651.633.8333 x 1215,
dittmanm@stjohnnyb.org.

Signature of person requesting burial

Name

Date

Received by (St. John the Baptist Cemetery)

Name

Date