

# St. Augustine Memorial Park

2600 Old Moultrie Road

St. Augustine, FL 32084

Office: (904) 824-1672

Fax: (904) 824-4862

## REQUEST FOR SERVICES

\* Services for Monday must be scheduled by 12 noon on Friday.

**Funeral Home:** \_\_\_\_\_.

**Funeral Director:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_.

**Name of Deceased:** \_\_\_\_\_.

**Date of Death:** \_\_\_\_\_ **Place of Death:** \_\_\_\_\_.

**Requested Date & Time of Interment:** \_\_\_\_\_.

**Place of Funeral Service:** \_\_\_\_\_ **Hour:** \_\_\_\_\_.

**Type of Service:** Interment  Entombment  Urn Placement

**Owner of Grave:** \_\_\_\_\_.

**If owner is deceased, Heir to plot ownership or Legal Executor:**

**Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_.

**Address:** \_\_\_\_\_.

**Type of Outer Burial Container:** \_\_\_\_\_.

**Outer Burial Container Provided by:** \_\_\_\_\_.

**Special Requests or Needs:** \_\_\_\_\_.

**Location of Grave:** Section: \_\_\_\_\_ Block: \_\_\_\_\_.

Lot: \_\_\_\_\_ Grave: \_\_\_\_\_.

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The above service request has been approved by, \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_