

REQUEST FOR VETERAN INTERMENT
LAKE TRAFFORD MEMORIAL GARDENS, IMMOKALEE, FL

PURCHASER OF LOT: _____ Phone: _____
("Purchaser" should be the person whose name is to appear on the Deed Certificate)

Address: _____ Email: _____
(Use Address & Email where Deed Certificate may be mailed or communication with Purchaser may be made)

City: _____ State: _____ Zip: _____ Phone: _____
(If Different Than Above)

Name Next of Kin: _____ Kin's Relationship to Deceased: _____

(MUST ATTACH OR PROVIDE A COPY OF DD214 / FORMAL DISCHARGE PAPER)

VETERAN NAME: _____ **Date of Discharge:** _____

RACE: _____ **SEX:** _____ **DATE OF BIRTH:** _____

PLACE OF DEATH: _____ **DATE OF DEATH:** _____

Burial Transit Permit # _____ **Burial Date** _____ **Apprx Time:** _____

Name of Funeral Home: _____ Contact: _____

Address: _____

Email Address: _____ Phone: _____

Name of Vault Company: _____ Phone: _____

Vault Company Email: _____

▼ ▼ ▼ COUNTY WILL COMPLETE INFORMATION BELOW ▼ ▼ ▼

Req Form Rec'd: _____ Flag Req Needed? _____ Date of Flag Req: _____

ASSIGNED PLOT: _____ Lot _____ Block _____ Deed No. _____ Contract No. _____

Cost: _____ Date Invoiced: _____ Date Paid: _____ Ck # _____

RECORDS: Deed Binder **Y / N** Lot Binder **Y / N** Index Card **Y / N** Spreadsheet **Y / N**

Confirmations and/or Notes for Requisite Items Needing Follow-Up:

Temporary Marker in Place? **Y / N** Signed Distribution/Acceptance Form Received? **Y / N**

Plot Location as Assigned and Closure as Required? **Y / N** _____

Follow-Up Calls to Funeral Home: _____