

**I.B.P.S. Interment Information Form / Worksheet**

\_\_\_\_\_  
First Name of Decedent

\_\_\_\_\_  
Middle Name of Decedent

\_\_\_\_\_  
Surname of Decedent

\_\_\_\_\_  
Chinese Name

**DECEDENT INFORMATION?**

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_

Marital Status: {Never Married} (Married) {Widowed} (Divorced) Sex: (Male) (Female)

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Death City: \_\_\_\_\_ Death State: \_\_\_\_\_ Death County: \_\_\_\_\_

City of Residence: \_\_\_\_\_ Residence Zip Code: \_\_\_\_\_

**MORTUARY INFORMATION?**

Mortuary Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person at Mortuary: \_\_\_\_\_

**CHANTING SERVICE? (Yes) (No)**

Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Place: I.B.P.S. Buddhist Memorial Columbarium

**PROPERTY LOCATION?**

Columbarium : Floor: \_\_\_\_\_ Wall: \_\_\_\_\_ Row: \_\_\_\_\_ Column: \_\_\_\_\_

Stupa Garden: Lot: \_\_\_\_\_ Number: \_\_\_\_\_

*North, South, West, Central*

**PROPERTY OWNER{S}?** \_\_\_\_\_ Relationship? \_\_\_\_\_

IBPS Contract # \_\_\_\_\_

**NEXT OF KIN?** \_\_\_\_\_ Relationship? \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**HOW WILL SIGNATURES BE OBTAINED ON ROSE HILLS PAPERWORK?**

(Fax to Columbarium today?) {Fax to Family at # \_\_\_\_\_} (Family to Sign on Interment Date?)

Other:} \_\_\_\_\_

**OPENING, CLOSING AND RECORDING FEES?**

Opening & Closing Fee: \$ \_\_\_\_\_

Saturday Cemetery Charges: \$ \_\_\_\_\_

D.C.A. Fee: \$ \_\_\_\_\_

Disposition Permit: \$ \_\_\_\_\_

Market Setting: \$ \_\_\_\_\_

Bronze Plaque: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

<i>I.B.P.S. Use Only</i>	
<input type="checkbox"/> Faxed to R.H.	<input type="checkbox"/> T.C. to R.H.

Total Amount: \_\_\_\_\_

Cash / Check #: \_\_\_\_\_ Paid On: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_