



**TOWN OF CLAYTON BURIAL ORDER**

**Form must be filled out completely or burial will not be scheduled.**

**Submit completed form to Town of Clayton Clerk's Office, or fax to 315-686-2651.**

DATE OF BURIAL: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

NAME OF DECEASED: \_\_\_\_\_  
*(Exactly as it appears on burial, cremation or transit permit)*

DATE OF DEATH: \_\_\_\_\_ AGE: \_\_\_\_\_

TYPE OF BURIAL: Traditional \_\_\_\_\_ Cremains \_\_\_\_\_ Child \_\_\_\_\_

LOCATION: Section \_\_\_\_\_ Lot or Row# \_\_\_\_\_ Grave # \_\_\_\_\_

GRAVEOWNER'S NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MARKER/STONE IN PLACE? Yes \_\_\_\_\_ No \_\_\_\_\_

VETERAN? Yes \_\_\_\_\_ No \_\_\_\_\_

LICENSED FUNERAL HOME NAME: \_\_\_\_\_

FUNERAL HOME CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TYPE OF VAULT: \_\_\_\_\_

FUNERAL DIRECTOR MAKING DELIVERY (*SIGNATURE*): \_\_\_\_\_

REGISTRATION #: \_\_\_\_\_

---

*Do Not Write Below This Line – Town of Clayton Use Only*  
**PLEASE MAKE ALL CHECKS PAYABLE TO TOWN OF CLAYTON**

**FUNDS RECEIVED**

RECEIVED FROM: \_\_\_\_\_

CHECK #: \_\_\_\_\_

LOT SALE \$ \_\_\_\_\_

INTERMENT FEE \$ \_\_\_\_\_

VAULT FEE \$ \_\_\_\_\_

OVERTIME \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

BURIAL TRANSIT PERMIT COPIED? YES \_\_\_\_\_ NO \_\_\_\_\_ CREMAINS \_\_\_\_\_

BODY DELIVERY RECEIPT COMPLETED? YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_