

A Guide for Families with Burial Plans at City Memorial Park Cemetery

Dear Family,

We know this is a difficult time, and we want you to feel supported every step of the way. Below are the steps to take when your loved one has passed away and burial at City Memorial Park Cemetery is planned.

Step 1: Notify City Memorial Park Cemetery

Please contact us as soon as possible after your loved one has passed so we can update our records.

Contact Information:

Name: Kim Vierra

Phone: 808-547-8088

Email: kvierra@stfrancishawaii.org

Step 2: Complete the Interment/Inurnment Authorization Form

We will need you to complete and return the Interment Authorization Form before any arrangements can be confirmed. You may complete it electronically and return it via email using the contact information above.

If you have questions while filling out the form, please reach out—we're here to help.

Step 3: Coordinate with Mortuary or Funeral Home & O'ahu Cemetery

Please let your funeral home or mortuary know that the interment will take place at City Memorial Park Cemetery. City Memorial Park Cemetery works with O'ahu Cemetery to complete interments/inurnments. Please use the contact information below to arrange for inurnments/interments, the setting of headstones, and/or the installation of haka.

Contact Information:

Name: Roy Onomura

Phone: 808-538-1538

Email: ronomura@oahucemetery.org

 **Step 4: Finalize Burial Details**

Please confirm the day and time that burials will take place. We will ensure that landscaping will be completed prior to your burial.

Losing a loved one is never easy. Our team is committed to walking with you during this time and ensuring your father is laid to rest with dignity and care. Please don't hesitate to call us with any questions, concerns, or requests.

With deepest sympathy,

The City Memorial Park Cemetery Team

City Memorial Park Authority
144 Judd Street, Honolulu, Hawaii 96817
Phone: (808)547-8088

Authorization for Interment, Disinterment and Removal and Replacement of Urn

Complete (Please Print) and Return to:

Manager - City Memorial Park Authority
St. Francis Healthcare Foundation of Hawaii
2228 Liliha Street, Suite 300, Honolulu, Hawaii 96817
kvierra@stfrancishawaii.org

I am authorizing the use of the following plot(s): Section : _____ Plot(s) : _____

for interment (body burial / ashes) disinterment removal/replacement of urn
for religious purposes of: _____

Last Name of Deceased

First Name

Middle Initials

Social Security Number:

Date of Birth:

Date of Death:

Interment Disinterment Removal/replacement of urn for religious purposes
will be on:

Date

Time

I certify that I am the (check all that apply):

Plot Owner

Spouse

Next of Kin

Legal Representative

Relationship to the Deceased _____

Signature

Date

Your Last Name

First Name

Middle Initials

Address:

City:

Zip:

Phone #:
