



"Helping You Serve Families Better"

INTERMENT AUTHORIZATION

I, _____, being the decedent's _____,
(Printed name of person with right to control disposition) (Relationship to deceased)

have requested _____ to inter the remains of _____
(Cemetery name) (Decedent's name)

in cemetery space _____ on _____
(Lot, plot, block, space, niche or crypt description) (Date of interment)

Signature of person with the right to control disposition (Phone Number) (Date) (Time)

Signature of representative acquiring authorization

Printed name of representative acquiring authorization