



**INTERMENT AUTHORIZATION**

This authorization, property signed and dated, must be presented prior to the interment of any person. You are hereby authorized and instructed, according to your rules and regulations, to inter the remains of:

DECEDENT: \_\_\_\_\_

**INTERMENT LOCATION**

Grounds: Section \_\_\_\_\_ Lot \_\_\_\_\_ Grave \_\_\_\_\_

Mausoleum: Phase \_\_\_\_\_ Elevation \_\_\_\_\_ Tier \_\_\_\_\_ Crypt/Niche \_\_\_\_\_

**PROPERTY OWNER**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

**ORDER OF AUTHORITY IF LOT OWNER IS DECEASED**

- 1. Spouse of owner      2. Majority of surviving adult children      3. Parents of owner
- 4. Siblings of owner      5. Next of Kin

**I have the legal right to make this authorization and this is your authority to make the interment of the remains of the decedent indicated above.**

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Owner \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This authorization is valid for 60 days from date of signing.**

4/2019