

[Insert name of cemetery]

**INTERMENT INSTRUCTIONS AND AUTHORIZATION**

**1. PARTIES:**

"Cemetery" means \_\_\_\_\_

"Representative" means \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

"Decedent" means \_\_\_\_\_  
FIRST MIDDLE LAST

**2. RELATIONSHIP OF REPRESENTATIVE:** The Representative warrants and represents to the Cemetery that the relationship between the Representative and the Decedent is as follows. (Place your initials on the line next to the applicable statement):

\_\_\_\_\_ The Decedent's designee under a written instrument directing the final disposition of the Decedent's remains.

\_\_\_\_\_ The Decedent's surviving spouse.

\_\_\_\_\_ The Decedent's surviving child.

\_\_\_\_\_ The Decedent's surviving parent.

\_\_\_\_\_ The Decedent's surviving brother or sister.

\_\_\_\_\_ The Decedent's surviving grandparent.

\_\_\_\_\_ A lineal descendent of the Decedent's grandparents.

\_\_\_\_\_ The Decedent's personal guardian at the time of death.

\_\_\_\_\_ The personal representative of the Decedent's estate.

**3. AUTHORITY OF REPRESENTATIVE:** The Representative warrants and represents to Cemetery that the Representative is the person or the appointed

agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the Decedent and that no other person(s) has a superior right over the right of the Representative.

4. **AUTHORIZATION:**

Pre-Need Contract Number: \_\_\_\_\_

At-Need Contract Number: \_\_\_\_\_

*The undersigned hereby requests and authorizes Cemetery, in accordance with and subject to its Rules and Regulations, to inter the remains of Decedent:*

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Veteran? Yes  No

GARDEN \_\_\_\_\_ LOT \_\_\_\_\_ SECTION \_\_\_\_\_ SPACE \_\_\_\_\_

**On-site verification:** Has been performed  or declined

**Signature (on-site verification):** \_\_\_\_\_

Name of owner: \_\_\_\_\_

Deceased's relationship to owner: \_\_\_\_\_

At-need conference with family will be \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time)

Funeral Home/Director: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Time of Service: \_\_\_\_\_ Day: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Types of Services: Funeral Home  Church  Graveside  Other: \_\_\_\_\_



\_\_\_\_\_ , \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

(Seal/Stamp)

My commission expires:

Signature of Interment Rights Owner: \_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**Interment Crew received copy:**    Yes        No   

**Space Location checked by:** \_\_\_\_\_