



AUTHORIZATION FOR DISPOSITION

Name of Deceased	Date of Death	ID Disc #
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I, _____ have requested that _____
(name of authorizing agent) (name of cemetery)

inter the remains of the deceased in cemetery space _____ on _____.
(lot, plot, block, space or crypt description) (date)

Name of cemetery representative responsible for making arrangements: _____

My relationship to the deceased is that of: _____

Phone Number of authorizing individual: _____

Signed: _____ Date: _____ Time: _____

Printed name of representative acquiring authorization: _____

Signature of representative acquiring authorization: _____