

**CITY OF LEVELLAND CEMETERY
INTERMENT AUTHORIZATION**

You are hereby instructed, subject to your rules and regulations, to _____ inter _____ disinter the remains as follows:

DECEASED		BURIAL PLOT LOCATION	
Name:		Block:	Lot: Space:
Address:		PAYMENT INFORMATION	
Date of Death:	Vet: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plot: Family <input type="checkbox"/> F/H <input type="checkbox"/> By:	
DOB:	Age:	O/C: Family <input type="checkbox"/> F/H <input type="checkbox"/> By:	
SS#:	Sex:	Checked by City:	

BURIAL PLOT OWNERSHIP	
Owner:	Phone:
Relationship to Deceased:	Checked by City:

FUNERAL INFORMATION	
Funeral Home:	Phone:
Funeral Service Location:	Date:
Funeral Time: AM/PM	Arrive at Cemetery: AM/PM
Box: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> None	Grave Marked: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ordered
Vault by:	Checked by City:

ORDERING INTERMENT OR DISINTERMENT	
Name:	
Address	
Relation to Deceased:	Phone:

CERTIFICATION

I hereby certify that I am the _____ of the above named deceased, and that this is your authorization to make the disposition of the remains as above indicated. I further certify and represent that I am in charge and have the right to make this authorization. I agree to hold the City of Levelland harmless from any liability resulting from said authorization and disposition.

Copy of Rules Given:	Date:
Signature:	Family <input type="checkbox"/>
	F/H <input type="checkbox"/>
	Date: