



King Cemetery

Township of Washington, Ohio
Middle Point Wetzel Rd., Middle Point, Ohio
Interment Authorization Form

Deceased Name: _____ Deceased DOB _____ Deceased Date of Death _____

Deceased Address: _____ Deceased Sex: Male ___ Female ___

Contact Name: _____ Relationship: _____ Phone: _____

Section: _____ Lot: _____ Grave: _____ Service Date: _____ Service Time: _____

Service Type - Military, Religious, Normal: _____ Procession Service Size: _____

Service Special Needs: _____ Funeral Home: _____

Vault Type: _____ Service Charge: \$ _____ Terms: _____

Notes: _____

The undersigned hereby certify that they are all of the legal custodians of the herein named deceased, having the full legal authority to direct the interment or other final disposition of the remains of the deceased, and hereby authorize **King Cemetery** to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above described Interment Rights and hereby authorize use of said Interment Rights for the interment or other final disposition of the remains of the herein named deceased. **King Cemetery** is hereby authorized to allow to be installed any outer burial container purchased in connection with this interment in the interment rights, described herein. The undersigned, jointly and severally, agree to indemnify and hold harmless **King Cemetery**, its affiliates, and their respective agents, officers, directors, and employees from any and all liability, including reasonable attorney's fees, and against any loss, damage, suit, or claim which any of them may sustain in connection with the interment or other final disposition authorized hereunder. The undersigned acknowledge that **King Cemetery** will follow the directions of the undersigned in reliance upon the undersigned's representation of authority, without independent inquiry of such authority, and that therefore the foregoing indemnify and cover claims by third parties as to superior right or authority for final disposition, including claims of **King Cemetery's** own negligence. If prior to final disposition **King Cemetery** becomes aware of a dispute as to such authority, **King Cemetery** is authorized to suspend arrangements pending resolution of such dispute, and the undersigned authorize **King Cemetery** to apply to a court of competent jurisdiction, at the undersigned's cost, for an order directing final disposition. Further, the undersigned agree that **King Cemetery** shall have the right to correct any error in this interment, at its own expense, without any liability for such error.

Signature of Declared Authorizing Party _____ Date: _____

Relationship to Deceased: _____

Print Name: _____
First Name
Last Name
Phone

Address: _____
Street
City
State
Zip

Witness: _____ Date: _____