

AUTHORIZATION AND ORDER FOR INTERMENT ENTOMBMENT INURNMENT 1ST 2ND

Contract No. _____ Casket: _____ Urn: _____

The undersigned hereby request and authorize: _____ DATE _____

Name of Cemetery **Curlew Hills Memory Gardens, Inc.**

NAME OF DECEDENT _____ Age _____ Sex _____

Date of Birth _____ Date of Death _____ Veteran? _____

In the following described interment space: _____

Purchased PN AN

Funeral Home _____ Director _____ Tel. _____

Address _____

Place of Service _____ Day _____ Date _____ Time of Service _____

Type of Cemetery Service _____ Day _____ Date _____ Time of Service _____

Type of Burial Container _____ Supplier _____

Memorial Size _____ Mfg. _____

REMARKS _____

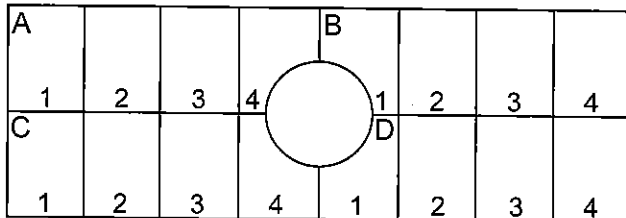
- INSTALLED
- ATTACH DEATH DATE
- TO BE ORDERED

INTERMENT FEE \$ _____

OVERTIME CHARGES _____

OTHER CHARGES _____

TOTAL \$ _____



The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or placement of the remains of the deceased, and hereby authorize the above named cemetery to make disposition of the remains of the deceased as indicated above. I/we hereby waive the minimum coverage requirement of 12 inches.

Signature _____ / _____ / _____
 (Authorized Representative) Print Name Relationship to Deceased

Address _____ Tel No. _____

The undersigned hereby 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 of the interment, entombment or placement of the remains of the herein named deceased. Cemetery is hereby authorized to install any outer burial container purchased in connection with this interment in the Interment Right described herein.

The undersigned hereby agree to indemnify and hold harmless the cemetery, its agents, officers, directors and employees from any and all liability, including reasonable attorney's fees and against any loss if or any of them may sustain in connection with the interment, entombment or inurnment authorized hereunder. Further, the undersigned agree that cemetery shall have the right to correct any error in this interment, at its own expense, without any liability for such error. I/we hereby waive the minimum coverage requirement of 12 inches.

Signature _____ / _____ / _____
 (Authorized Representative) Print Name Relationship to Deceased

Address _____ Tel No. _____

Street City State ZIP

OFFICE USE ONLY

Order Taken by / Flagged _____ Blind Check and Verified by _____

Interment No. _____