

INTERMENT AUTHORIZATION

This order, properly signed, must be presented at least 24 hours before interment.

To the Superintendent of
St. Joseph's Cemetery
209 Truman Ave., Yonkers, NY 10703

You are hereby authorized and instructed, subject to the rules and regulations of St. Joseph's Cemetery, to inter the remains of:

Name of Decedent _____

Name of Deedholder _____

Decedent's Relationship to (Certificate Holder) _____

In the grave designated as:

SECTION _____ ROW _____ PLOT _____ GRAVE # _____

TYPE OF CONTAINER:

Funeral Director: / Family _____

Address _____

City, State ZIP _____

Time of Funeral _____ Burial Date _____

Remarks: _____

I am the **(Certificate Holder or Responsible Party)** of the above named grave site. I have the legal right to make this authorization and this is your authority to make disposition of the remains of the decedent as above indicated. I agree to become personally responsible for the above interment order and to hold the Church of Saint Joseph's and Saint Joseph's Cemetery free from any liability on account of this authorization and interment.

Name: _____

Address: _____

City, State ZIP _____

Signature: _____ Date: _____

Relationship to Deed Holder: _____

Relationship to Decedent: _____

This interment authorization may be faxed for timeliness purposes; however, the original must be delivered to the Cemetery office concurrent with or prior to interment.