

Authorization for Interment, Entombment, or Inurnment

Interment Number _____ (Office Use Only)

Trinity Memory Gardens, Inc.

14712 E. Twombly Rd

Rochelle, Illinois 61068

P: 815-562-7386

E: abeverage20@gmail.com

To: Trinity Memory Gardens, Inc.

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____ (Deceased) in Grave _____ Plot _____, in the Garden of the _____ in a _____ Urn/Vault, furnished by _____.

Funeral home is _____

Address: _____

Day and date of internment or inurnment is _____

I hereby certify that I am the _____ of the decedent: that the above internment/inurnment right is recorded upon your records in the name of:

_____ (Owner of plot) and that I have the full and complete right to make this authorization; and I agree to hold **Trinity Memory Gardens, Inc.**, its heirs or assigns free from any liability on account of said authorization and interment. I further hereby agree to follow the current rules and regulations on file in the cemetery office now in effect, or which may hereafter be adopted or enacted for the control, regulations and government of said cemetery.

I hereby authorize the above internment.

Date: _____

Signature: _____

Address: _____

State of _____

County of _____

Subscribed and sworn to this _____ day of _____ 2_____.

_____ **Notary Public**