

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 interment 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:

For more information, contact the Office of the Vice President for Research and Economic Development at 319-273-2500 or research@uiowa.edu.

State of

County of

Subscribed and sworn to this day of 2 .

Notary Public