



INTERMENT/ENTOMBMENT AUTHORIZATION

Interment of _____ DOB _____ DOD _____ FH _____

Section _____ Lot No _____ Grave No _____ Double Depth _____ Deed No: _____

Type of Funeral: _____ Vault/Urn: _____

Owner Name _____ Owner Address _____

NOK Name _____ NOK Address _____

NOK Relationship _____ NOK Email _____

NOK Cell _____ NOK Home _____ Total Due \$ _____

Service Date _____ Location _____ Service Time _____ Arrival Time _____

Additional Comments:

I hereby warrant and represent to Gethsemane Cemetery that I am the _____ of the decedent. I am not aware of any authorizations or documents contrary to this authorization. I have full right, power and sole authority to decide on the proper disposition of the decedent's remains/cremains. I further agree to allow any images and obituary of the deceased to be used on the Gethsemane Cemetery website and Memorial pages. I understand these items may be made private at my request. I hereby expressly indemnify St. Paul's Roman Catholic Church, Gethsemane Cemetery, and their employees, agents, successors and assigns of and from all loss, cost, claims, suits, damages and/or expenses of any kind whatsoever, including attorney's fees and court costs, arising out of or relating to this Interment/Entombment Authorization, the disposition or burial of these remains/cremains, any dispute or challenge seeking to void, change, or overturn this Authorization, and/or any costs or expenses incurred in removing and re-interring these remains/cremains that may in the future be ordered by any court, if contrary to the express authorization set forth in this Authorization. I acknowledge that interment or entombment is subject to the Gethsemane Cemetery "Rules and Regulations". Subject to those rules and regulations, you are hereby authorized, to inter/entomb the remains of the above-named Decedent in the lot/crypt/niche listed above.

I certify that the lot/crypt/niche location is correct. I further agree to pay for all of the above charges set forth within thirty (30) days, unless otherwise agreed to in writing, after which a FINANCE CHARGE at a rate of 1.5% per month (ANNUAL PERCENTAGE RATE OF 18%) will be added to the balance or any portion thereof unpaid on the last day of each month. I understand that services require a 48-hour notice (Not including Sundays, Holidays or Holy Days) and services will not be confirmed until this signed authorization is received by Gethsemane Cemetery. All Funerals must be in the cemetery by 2:30 P.M. Weekday – 12:00 Noon Saturday. Acceptance of Cremated Remains: Cremated remains that are either shipped or brought in advance to Gethsemane Cemetery will only be accepted after: 1) A completely filled out Interment/Entombment Authorization has been signed by the appropriate party and accepted by Gethsemane Cemetery; and 2) All charges have been paid in full. Cremated remains accepted by Gethsemane Cemetery shall be held for a maximum of 10 days, including the day received. Should the scheduled interment/entombment not occur at the agreed upon date and time, you hereby authorize Gethsemane Cemetery to inter/entomb the cremated remains after the 10 days in accordance with the information contained on the Interment/Entombment Authorization. By signing this form, you authorize Gethsemane Cemetery to make such interment/entombment at their convenience at any time after the ten days have expired.

I agree that a true and correct copy and/or an electronic copy of this document shall have the same force and effect and may be enforced as an original. I acknowledge and consent that the original may be stored electronically and disposed of after it is scanned and saved and I expressly waive any argument or defense that the original has not been retained or produced.

In witness whereof and intending to be legally bound, the undersigned sets his/her hand and seal.

_____	_____	_____
Print Name/Relationship	Signature	Date
_____	_____	_____
Print Name/Relationship	Signature	Date
_____	_____	_____
Print Name/Relationship	Signature	Date