

**CITY OF LEVELLAND CEMETERY**  
**INTERMENT AUTHORIZATION**

**You are hereby instructed, subject to your rules and regulations, to \_\_\_\_\_ inter \_\_\_\_\_ disinter the remains as follows:**

<b>DECEASED</b>		<b>BURIAL PLOT LOCATION</b>		
Name:		Block:	Lot:	Space:
Address:		<b>PAYMENT INFORMATION</b>		
Date of Death:	Vet: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plot: Family	<input type="checkbox"/> F/H	<input type="checkbox"/> By:
DOB:	Age:	O/C: Family	<input type="checkbox"/> F/H	<input type="checkbox"/> By:
SS#:	Sex:	Checked by City:		

**BURIAL PLOT OWNERSHIP**

Owner:	Phone:
Relationship to Deceased:	Checked by City:

**FUNERAL INFORMATION**

Funeral Home:	Phone:
Funeral Service Location:	Date:
Funeral Time: <span style="float: right;">AM/PM</span>	Arrive at Cemetery: <span style="float: right;">AM/PM</span>
Box: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> None	Grave Marked: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ordered
Vault by:	Checked by City:

**ORDERING INTERMENT OR DISINTERMENT**

Name:	
Address	
Relation to Deceased:	Phone:

**CERTIFICATION**

I hereby certify that I am the \_\_\_\_\_ of the above named deceased, and that this is your authorization to make the disposition of the remains as above indicated. I further certify and represent that I am in charge and have the right to make this authorization. I agree to hold the City of Levelland harmless from any liability resulting from said authorization and disposition.

Copy of Rules Given:	Date:
Signature:	Family <input type="checkbox"/>
	F/H <input type="checkbox"/>
	Date: