

Watertown Township / Zion Cemetery

INTERMENT AUTHORIZATION

The undersigned hereby request and authorizes
Watertown Township Cemetery / Zion Cemetery, subject to its Rules and
Regulations, to inter on _____ day of _____ 20____,

The decedent _____.

In location: (Fill in ALL blanks)

Section _____ ,

Row _____ ,

Grave _____ ,

I hereby certify that I am the _____ of the Decedent, and hereby certify and represent that I have the right to make this Authorization and agree to hold the Cemetery, it's agents, employees, and parent and successor representatives harmless from any liability on account of said Authorization and Interment.

The Cemetery requires at least a twenty-four (24) hour notice before an interment will be made. Interment orders must be signed by the deed holder or legal representative. No Interment will be made without receiving all required Permits and Authorizations. The Cemetery will not be responsible for orders and location of graves received by any means other than in person. All Cemetery fees must be paid at or before interment services.

By signing below, I hereby understand and accept all the terms in this Authorization.

Name of Deed Holder or Legal Representative

X _____ / _____ / 20_____
Signed Dated

City State Zip Phone