

Authorization To Perform Interment

Town of Minot
329 Woodman Hill Road
Minot, Maine 04258

Date: _____

You are hereby authorized and instructed, subject to the rules and regulations of the Town of Minot, to inter the remains of:

Name of Deceased: _____

Spouse: _____

Parents: _____
(Father: First, Middle, Last)

(Mother: First, Middle, Maiden)

Name of Cemetery: _____

Area or Range No.: _____ Sec.: _____

Lot No. _____ Grave No. _____ (if applicable)

Location in lot: _____

Outside Container: Liner _____ Vault _____ Urn _____

Person Responsible for Cemetery Charges:

Address: _____

Funeral Director: _____

Address: _____

Day of Funeral: _____ Time: _____

Parish: _____ Date: _____

Remarks: _____

I hereby certify that I am the _____
(Relative)

of the decedent and this is your authority to make disposition of the remains of said decedent as indicated on the reverse side of this page. I hereby certify and represent that I have the right to make this authorization and I agree to hold the Town of Minot harmless from any liability on account of this authorization and interment.

In the absence of the lot owner's signature to this instrument, I, therefore, further certify that I accept full responsibility for this said interment.

Signature of Relative _____

Address: _____

Signature of Lot Owner: _____

Address: _____

Signature of Funeral Director

If arrangements for interment are made through Funeral Director either in person or by phone, Funeral Director **MUST** sign on above line.

NOTE: ALL INFORMATION AND SIGNATURES MUST BE PROVIDED

Authorized signature for Town of Minot