

**CITY OF VICKSBURG, CITY HILL CEMETERY-
NOTIFICATION OF INTERMENT/INTERMENT AUTHORIZATION**

Today's Date _____

To the Cedar Hill Cemetery,

You are hereby authorized to open/close the following gravesite at Cedar Hill Cemetery, City of Vicksburg, Mississippi:

Square: _____ **Division** _____ **Lot:** _____ **Direction:** _____ **Part** _____


For the Interment of: _____


On: (Date) _____ **Day:** _____ **At:** _____ A.M. P.M.

Type of Interment: Vault Box Earth Cremains Other _____

Purchase Lot Family Lot Infant Interment Pauper

- **If purchasing a Lot (s): Name of Purchaser** _____ **Number of Lots** _____
- **If family lot, name of purchaser and/or family member(s) buried in lot(s) (if known): NEXT IN LINE please circle.**

 Funeral Home may give added information to assist in family lot research.

 If purchasing a single grave space for this interment the funeral home must circle on this form "Next space in line" and the City assumes the exact point on interment authorization from the family and Funeral Home.

If purchasing, number of spaces _____ **Requestor Information (circle one)** **Funeral Home** **Family Member**
Other _____

The undersigned hereby certify that they are the legal custodian(s) (legally designated representative(s) and/or next of kin) of the herein named deceased, having the full legal authority to direct the interment of the remains of the deceased, and hereby authorize Cedar Hill Cemetery to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above-described Interment Right and hereby authorize use of said Interment Right for the interment of the remains of the herein named deceased. I/We shall be responsible for all charges connected therewith.

The undersigned hereby certify that the remains provided to Cedar Hill Cemetery are, in fact, the remains of the above-named deceased. The undersigned further agree that it is not the responsibility of Cedar Hill Cemetery to verify the identity of the deceased before burial or Interment.

The undersigned hereby agree to defend, indemnify and hold harmless the City of Vicksburg, Cedar Hill Cemetery, its agents and employees from any and all liability, lawsuits or claims and against any loss it or any of them may sustain in connection with the interment authorized above. This indemnity does not apply to the operations of Cedar Hill Cemetery, but solely to the representations made by the undersigned with regard to the above authorization.

Signature of Authorized owner-purchaser-heir or representative
Relationship to deceased, if any _____
(relationship to deceased)

(printed name of authorized owner-purchaser-heir)

Address

City, State & Zip Code

Phone Number

Date

Witnessed by Authorized Funeral Home Representative

(name of funeral home)

Address

City, State & Zip Code

Phone Number

Date