



Office Use Only	
Acct #:	_____
Inv. #:	_____
Treasury Log #:	_____
Burial #:	_____

INTERMENT AUTHORIZATION

Date:

The undersigned hereby requests and authorizes the City of Rock Hill, in accordance with and subject to its rules and regulations, to inter the remains of:

Name of Deceased: Full Name (First, Middle, Last)				Age:		Sex: Male <input type="checkbox"/>	
						Female <input type="checkbox"/>	
Address:			Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>		War:		
			Branch of Service:				
Date of Birth:		Date of Death:		Resident of City? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Burial Permit Holder: Full Name (First, Middle, Last)				Burial Permit No:			
Funeral Home:		Contact:		Telephone:	Email:		Fax:
Next of Kin:		Address:		Telephone:		Email:	
Cemetery: <input type="checkbox"/> Barber Memorial Cemetery			Interment Date:		Time of Service: AM PM		
<input type="checkbox"/> Laurelwood Cemetery							
<input type="checkbox"/> Forest Hills Cemetery							
Cemetery Section:		Lot:	Grave:		Type of Service:		
					Gravesite	Chapel	Church
Type of Burial Container Used:				Manufacturer:		Size:	
Remarks:							
Space/Grave/							
Statement of Authority:							
I, _____ (signature)							
_____ (printed name) hereby certify that I am the							
_____ (print relationship) of the deceased; that I have the authority to make these arrangements;							
That the information herein is correct; that this is your authority to inter the remains of the decedent as indicated,							
subject to the rules and regulations of the City of Rock Hill. I understand this is a cash transaction, \$ _____							
the receipt of which is due and payable in full before the scheduled interment. I understand the placement of a							
marker is allowed only after costs owed on the property and/or interment are paid in full.							
The undersigned have reviewed the rules and regulations regarding cemeteries for the City of Rock Hill and agree to abide by							
the terms outlined therein both now and as may be modified in the future. The undersigned hereby agree to indemnify the City							
of Rock Hill, the cemetery, its employees and agents and hold it harmless from all claims, loss, liability and causes of action by							
third parties including, but not limited to, any and all property damage and or physical injury involving any burial rights arising							
out of this interment.							
Signature: _____		Printed Name: _____			Date: _____		
OFFICE USE ONLY							
Order Taken By: _____		Sent To Cemetery Supervisor: _____			Recorded By: _____		