

**AUTHORIZATION TO CALVARY CEMETERY TO PERFORM INTERMENT**



CALVARY CEMETERY  
1461 BROADWAY  
SOUTH PORTLAND, ME 04106  
207-773-5796

Date: \_\_\_\_\_  
Funeral Home: \_\_\_\_\_  
Director/Counselor: \_\_\_\_\_

**YOU ARE HEREBY AUTHORIZED AND INSTRUCTED,**  
subject to your rules and regulations, to inter the remains of

**DECEASED DATA**

Deceased \_\_\_\_\_  Full Burial  Cremains  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_  
Address ( same as below, or): \_\_\_\_\_  
Place of Death (City/State) \_\_\_\_\_  
 Husband  Wife of \_\_\_\_\_  
 Son  Daughter of \_\_\_\_\_  
Wife's Maiden Name \_\_\_\_\_

**LOCATION DATA (blank spaces mean we are authorized to place burial ANYWHERE!!!)**

OC  NC Section \_\_\_\_\_ Lot \_\_\_\_\_ Position \_\_\_\_\_  
Vault type \_\_\_\_\_  
Funeral Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Parish \_\_\_\_\_

**AUTHORIZATION/RESPONSIBLE PARTY DATA (NOT funeral home!!)**

Person making arrangements for this burial, with authority over this lot (print name): \_\_\_\_\_  
Relationship to deceased: \_\_\_\_\_  
 Husband  Wife  Son  Daughter  \_\_\_\_\_

**I HEREBY CERTIFY** that I am related to the decedent as indicated above, and this is your authority to make disposition of the remains of said decedent as indicated. I hereby certify and represent that I have the right to make this authorization, by virtue of the fact that I

Hold the Burial Rights to this lot, or that I  
 Have the permission and approval of the person who does hold the burial rights, namely M \_\_\_\_\_ of \_\_\_\_\_ (tel: \_\_\_\_\_);  
I accept responsibility, including financial responsibility, if that person does not approve; and I agree to hold Calvary Cemetery 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 \_\_\_\_\_  
Address \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Funeral Director \_\_\_\_\_  
(Required unless arrangements are made directly by family.)  
v4-Oct 2004