

DISINTERMENT/REINTERMENT AUTHORIZATION AND RELEASE AGREEMENT

GENERAL DISINTERMENT INFORMATION

("Undersigned"), which includes the legal next of kin, the lot owner(s), and any witnesses to the disinterment,

_____, _____, _____,
_____, hereby warrant that they are: next of kin of _____

("Deceased"), who died on or around _____ and was born on or around _____; and/or also are the lot owner of the current location of the Deceased; and/or

may be witnessing the disinterment process. He/She hereby authorizes

_____ ("Funeral Home"),

_____ ("Cemetery"),

_____ ("Vault Company")

their employees and agents, to assist with the disinterment of the remains of Deceased as specified by Undersigned (the "Procedure").

Specifically, Decedent shall be removed from location: _____

to new location: _____.

DISINTERMENT PROCESS

Location, Date and Time of DISINTERMENT: _____

Reason for Disinterment: _____

Casket, Outer Burial Container, or Urn Description at time of original interment (if applicable): _____

Condition of Casket or Urn (if applicable): _____

Condition of Outer Burial Container: _____

(A photo of the disinterred outer burial container, casket or urn may be attached to this Authorization.)

Location, Date and Time of REINTERMENT: _____

NOTES: _____

_____ Undersigned will witness the procedure.

_____ Undersigned will not witness the procedure and instead nominate

_____ to be his/her representative.

_____ Undersigned will not witness the procedure and will not have a representative present at the disinterment.

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DISINTERMENT ACKNOWLEDGEMENT/RELEASE

The Undersigned acknowledges by signature below that he/she understands that offensive odors or highly unpleasant sights or conditions are a possible part of the Procedure. The Undersigned and/or his/her Representative hereby confirm that he/she understands that the area could be a dangerous place due to the presence of machinery in operation. He/She declares by signature below that he/she will not engage in any activities that will endanger him/herself or the employees at the disinterment procedure. He/She agrees to follow all instructions given to him/her by any representative of Funeral Home, Cemetery, Vault Company, or anyone performing the Procedure. He/She acknowledges that the casket may disintegrate in the course of the Procedure, or that the outer burial container may be damaged or made unusable during the course of the Procedure. If the remains are to be re-casketed or re-interred into a new outer burial container, or casket, or urn, the Undersigned understand, accept, and allow the Funeral Home, Cemetery, Vault Company to dispose through any legal manner any uncollected or unusable materials left by the Procedure including memorialization that may be left behind and/or unclaimed.

Undersigned, on behalf of himself or herself represents that they have disclosed all persons that are the next of kin to the cemetery and agrees to release, indemnify and hold harmless Funeral Home, Cemetery, Vault Company, their agents, employees, and parent and successor companies, from any liability, including reasonable attorney's fees, for any and all distress, illness, psychological injury and any damages resulting from viewing the Procedure. By signing below, Undersigned acknowledges and agrees to all of the terms and conditions of this Disinterment Authorization Form.

UNDERSIGNED

Date	Name	Relationship	Signature
_____	_____ <i>(Next of Kin or Lot Owner or Witness)</i>	_____	_____
_____	_____ <i>(Next of Kin or Lot Owner or Witness)</i>	_____	_____
_____	_____ <i>(Next of Kin or Lot Owner or Witness)</i>	_____	_____
_____	_____ <i>(Next of Kin or Lot Owner or Witness)</i>	_____	_____
_____	_____ <i>(Next of Kin or Lot Owner or Witness)</i>	_____	_____

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WITNESSES TO DISINTERMENT/REINTERMENT (Include all applicable individuals)

Date	Name	Signature
_____	_____ <i>Funeral Director</i>	_____
_____	_____ <i>Cemetery Employee</i>	_____
_____	_____ <i>Cemetery Employee</i>	_____

CEMETERY AUTHORIZATION

Date	Name	Title	Signature
_____	_____	_____	_____