

RECEIPT AND AUTHORIZATION OF CREMATED REMAINS FOR FINAL DISPOSITION

Holy Sepulchre Cemetery & Mausoleum is a Catholic cemetery and follows the rules and instructions as provided by the Vatican. The Congregation for the Doctrine of the Faith (Ad resurgendum cum Christo), prohibits the commingling, scattering or dividing of cremated remains. Cremation must be treated with the same reverence, dignity and respect an interment would receive.

RIGHT TO CONTROL

HOLY SEPULCHRE CEMETERY & MAUSOLEUM ("Cemetery") hereby acknowledges receipt of the cremated remains of _____ ("Decedent"), in the urn/receptacle identified as: _____ ("Urn") from the following individual ("Undersigned"):

Authorizing Agent

This person represents that they have the highest authority to control the final disposition, including burial/ inurnment of the Decedent's cremated remains and there is no other individual who has the right to control.

Funeral home

The funeral home represents that they have authority and authorization from the authorizing agent to control the final disposition, including burial and inurnment of the Decedent's cremated remains.

Holder of Cremated Remains

This person has ownership/ custody of the cremated remains of Decedent and represents that they know of no other person who would object to the final disposition, including burial and inurnment of the Decedent's cremated remains.

DOCUMENTATION

Cemetery requires certain documentation for the burial and inurnment of the cremated remains which may include(s) the following:

Completed Cremation Authorization and Disposition form

Cremation Certificate

Personal Documentation from Decedent (i.e. Appointment of Representative or Will)

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FINAL DISPOSITION

By signing below, the Undersigned hereby authorizes the Cemetery to carry out the final disposition of the Urn in the following manner:

Burial (Section _____ Lot _____ Grave _____)

Inurnment (Columbarium or Niche _____ Section _____ Space _____)

AUTHORIZATION

The Undersigned acknowledges that the Cemetery is relying upon the representation and certifications being made by them in this Receipt and Authorization. The Undersigned certifies that all of the documentation and statements contained in the Receipt and Authorization are accurate, including that the cremated remains described above are in fact those cremated remains and no other cremated remains or personal property, and no omissions of any material fact have been made. The Undersigned agrees to defend, indemnify, release and hold harmless the Cemetery, and its officers, directors, employees, and agents from any claim, cause of action, cost or expense, including, but not limited to, any legal fees, arising out of or resulting from the Cemetery's reliance on or performance consistent with directions, statement, representatives, and agreements contained in the Receipt and Authorization.

Authorizing Agent - Print Name

Authorizing Agent - Signature

Date

Cemetery Representative

Date

HMIS # _____