



P.O. Box 35 147 Main Street  
 Waitsburg, Washington 99361-0035  
 (509) 337-6371 Fax (509) 337-8089

Date \_\_\_\_\_

<b>Waitsburg City Cemetery</b> 147 Main St. Waitsburg, WA 99361 Phone 509-337-6371, Fax 509-337-8089	<b>Waitsburg I.O.O.F. Cemetery</b> 147 Main St. Waitsburg, WA 99361 Phone 509-337-6371, Fax 509-337-8089
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**INTERMENT AUTHORIZATION AGREEMENT**

<b>DECEASED INFORMATION</b>				
FULL NAME				
BORN		DIED		M F
PLACE OF BIRTH				
PLACE OF DEATH				
RESIDENT OF CITY			STATE	
NEXT OF KIN		RELATIONSHIP TO DECEASED		
<b>FUNERAL HOME</b>				

Other Info.:
Veteran:
Card/Book/Map/List:

<b>FEES &amp; CHARGES</b>	
<b>PROPERTY PURCHASE</b>	
GRAVE(S) .....	
ENDOWED CARE .....	
<b>SUBTOTAL</b>	
<b>SERVICES</b>	
INTERMENT FEE .....	
AFTER-HOURS/HOLIDAY .....	
OTHER .....	
<b>SUBTOTAL</b>	
<b>TOTAL</b>	
DATE PAID/RECEIPT #:	

<b>INTERMENT INFORMATION</b>				
CEMETERY				
BLOCK	LOT	SPACE	FULL	CREMATION
INTERMENT DATE & TIME				
COMMENTS				
PROPERTY OWNER		RELATIONSHIP TO DECEASED		

Signature of Sexton: \_\_\_\_\_

**Statement of Authority:**  
 I, \_\_\_\_\_ 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 Waitsburg. 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 all costs owed on the property and/or interment are paid in full.

I understand and agree to the terms of this Interment Authorization and the penalties for default of any part herein. I have reviewed the rules and regulations regarding cemeteries for the City of Waitsburg in the City's Municipal Code and agree to abide by the terms outlined therein both now and as may be modified in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_