The First Reformed Church Cemetery

Authorization for Interment

Date_____ Funeral Home _____

Name of Deceased_____

DOB_____ DOD_____ DOI_____ M / F Age_____

Interment #_____

Type of Burial ☐FULL ☐ASH ☐COLUMBARIUM

Cemetery Location: Section_____Plot_____Grave_____

Veteran ☐YES ☐NO

If YES, please provide Branch of Service _____

First Responder ☐YES ☐NO

If YES, please name organization_____

By: **Relationship to Deceased:** **Phone or Email:**

- **Requests for interment must be made 24 hours prior to burial**
- **Please use proper entrance & exit to ensure safety**
- **Please note that no more than 6 floral pieces may be brought to the site**

All interments must be accompanied by this Authorization, duly signed and executed. This form holds The First Reformed Church Cemetery harmless from any loss or claim arising from reliance upon the information contained herein.

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