## **CEMETERY CONSENT FORM**

I (We) hereby give our consent for t		vai oi
(Name of Deceased) Our records indicate that the plot owner(s)	(Plot & I	Block)
	Signature	Date
	Title	
	Name of Cemetery	
PLOT OWNI	ER CONSENT FOR	М
I (We) hereby certify that we are the		
in	,	Plot) Theritance and we hereby
give our permission of the disinterment of _		_
in that plot.		
	Signature of Owner	Date
	Address	
	Phone Number	
NEXT-OF-K	IN CONSENT FOR	M
I hereby certify that I am the	of	
	tionship) (I	Name of Deceased)
permission for the body to be disinterred an	_	
permission for the body to be disinterred the		etery Where Body is to be Interred)
		Date
w#x	Ü	

