CLARKSTON CEMETERY

CLARKSTON, CACHE, UTAH

AUTHORIZATION FOR DISINTERMENT / REINTERMENT

Authorization is hereby given to the CLARKSTON CEMETERY at Clarkston, Cache, Utah to disinter and/or reinter the remains of:

(name) _____

(date) _____

Who is buried in the Clarkston Cemetery in:
Block_____ Lot _____ Place _____, who died (date) _____.

Whom will be reinterred in the _____ Cemetery located at
(city) _____, (county) _____, (state) _____;
in Block _____Lot _____ Place_____.

I hereby certify, under the penalty of perjury, that I am the next of kin eligible to give permission to the following named Funeral Director or Authorized Agent for this request.

Funeral Director / Authorized Agent Name: _____

Further, I indemnify and hold harmless Clarkston Town and Clarkston Cemetery, within the bounds of this request. I also hereby certify that all required permits have been applied for and permission granted prior to disinterment and/or reinterment.

Applicant Signature Authorizing Disinterment:

Applicant Signature: _____

Printed Name: _____

Relationship to Decedent: _____

Address: _____

Witness Signature: _____

Printed Name: _____