

BURIAL/SHIPPING AUTHORIZATION

DESERT MEMORIAL

Cremation & Burial

1111 Las Vegas Boulevard North ~ Las Vegas, NV 89101

Phone: (702) 382-1000 Fax: (702) 382-0154

AUTHORIZATION

I (We), the undersigned (the "Authorizing Agent(s)"), hereby request and authorize the above named Funeral Establishment to take possession of and make arrangements for the burial/shipping of the decedent named below (the "Decedent") in accordance with and subject to the provisions set forth in this document, at the cemetery designated by the Authorizing Agent(s) (hereinafter referred to as the "Cemetery") and in accordance with and subject to their rules and regulations, and subject to any applicable state or local laws or regulations.

Name of Deceased: _____ **Sex:** _____

Date of Birth: _____ **Date of Death:** _____

Funeral Establishment Representative in Charge:

CASKET SELECTED

Description of Casket _____

DISCLOSURES, WARRANTIES, AND PERMISSIONS

By signing this document, I(We) certify, understand and acknowledge the following:

1. That the deceased person named above has not given other specific directions concerning the disposal of his/her remains;
2. That I(we) are the majority of the right holders of the Decedent; or otherwise have charge of the remains of the Decedent and possess full legal authority and power, according to the laws of the state to execute this authorization form and arrange for the burial of the Decedent;
3. That I(we) are not aware of legal objection to this burial by any spouse, child, parent or sibling;

INDEMNITY

I(We) declare under penalty of perjury that the foregoing certifications, representations, and statements are true and correct, and that this statement is being made to induce the above named Funeral Establishment to bury (or cause to be buried) or ship the remains of the Decedent named above. I agree to hold harmless, indemnify and defend the above named Funeral Establishment as well as their representatives, directors, officers, agents, employees, shareholders, from and against all claims, liabilities, or damages whatsoever which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make the proper arrangements for the final disposition of remains, shipping of remains, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied are made and damages shall be limited to the amount of the burial fee paid.

I (We) hereby certify that the Decedent left the following survivors at law:

Spouse _____ YES _____ NO Name: _____

Children _____ YES _____ NO How Many? _____ Name(s): _____

Parents _____ YES _____ NO How Many? _____ Name(s): _____

Siblings _____ YES _____ NO How Many? _____ Name(s): _____

Other: (Name(s) and Relationships) _____

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation (Explanation of Inability to Obtain Signatures) must be completed by the person(s) signing below as Authorizing Agent(s). Separate authorizations, if necessary, shall be attached to and considered part of, this form.

I HEREBY DIRECT AND AUTHORIZE THE RELEASE/DELIVERY OF SAID REMAINS (INITIAL ONE)

Initial _____ Deliver to: _____ Cemetery/Funeral Home
_____ for interment/entombment. (I understand there may be a separate charge for this service at the cemetery.)

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING BURIAL. BURIAL IS FINAL. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this burial authorization form, as Authorizing Agent(s), the undersigned warrants that all representations and statements contained on this document are true and correct, that these statements were made to induce the above named Funeral Establishment and/or Cemetery to bury the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on all three pages of this document.

Executed at _____, this _____ day of _____, 20 _____

Name _____ Signature _____

Relationship: _____ Phone No. _____

Address _____

Name _____ Signature _____

Relationship: _____ Phone No. _____

Address _____

Name _____ Signature _____

Relationship: _____ Phone No. _____

Address _____

Witness #1 _____

Name (PRINT) _____ Signature: _____

Witness #2 _____

Name (PRINT) _____ Signature: _____

Signature of Funeral Establishment Representative as Witness for Signature(s) of Authorizing Agent(s)

FUNERAL ESTABLISHMENT:
DESERT MEMORIAL

AUTHORIZED FUNERAL
ESTABLISHMENT REPRESENTATIVE:

Deceased Name:	Identification Number: DM
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