



**INTERMENT AUTHORIZATION FORM**  
**Greenwood Memorial, LLC**

Office Address: 1238 W. Market St., Williamstown, PA 17098  
717-647-9382      greenwood@minnichfuneral.com

**Attention Signatories:** Signers of this form are encouraged and advised to meet with Greenwood Staff, review maps and lot locations and learn Greenwood Memorial and burial requirements prior to completing the information below and/or attesting to its accuracy. Greenwood will not be responsible for interment errors in the absence of a personal visit to and approval of the burial site. **Important: 72 Hour Rule** – A Greenwood “Interment Order” authorizing a burial space opening must be issued at least 72 hours prior to any interment. Before an Interment Order can be issued, the following process must be completed and paperwork submitted: This “Interment Form” must be accurately completed and submitted and accepted by Greenwood. It must be accompanied by a lot drawing signed by the “Authorizing Party” showing the exact location and number of the space to be opened. If it is not signed in front of Greenwood Personnel, it must be notarized, or Funeral Director assumes responsibility for accuracy. If it is signed by anyone other than the “Applicant” as defined herein, a Power of Attorney Form must be properly executed, notarized and submitted. Payment in full, must also be completed. Only after all of this process is completed and submitted and “Accepted” by Greenwood will Greenwood issue an “Interment Order” authorizing the opening of the burial space, and this must be at least 72 hours prior to the interment. Greenwood will not be responsible for errors resulting from incomplete or erroneous information provided by and/or attested to by the signature(s) below.

**Definitions:** The “Authorizing Party” shall complete either signature block **1, 2** or **3** based upon the following definition: **Applicant** – One who actually owns the burial space or has the right due to kinship, inheritance or burial right assignment to authorize an interment in that space. Must be signed in the presence of a Greenwood Representative. **Designated Representative** – A family member or friend designated by the Applicant through Power of Attorney to act on the Applicant’s behalf regarding visits to the burial space, approval of lot drawings and commitment to payment arrangements.

**Representation:** By my signature below, I assert that I either am the owner of the burial space and/or have the right to use it, or I have presented a Limited Power of Attorney from the person who does and am fully authorized to execute this Interment Authorization Form.

**Payment Information:** Payment in full or arrangements for payment in full that are satisfactory and acceptable to Greenwood Memorial, LLC must be completed or paid the day of interment. By my signature below, I agree to be personally responsible for all customary and reasonable charges for services provided by Greenwood pursuant to this Interment Form and that the arrangements indicated in Box 9 below are acceptable to me.

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**Decedent’s Name:** \_\_\_\_\_

**Cemetery Information:** Section \_\_\_\_\_ Lot \_\_\_\_\_ Row \_\_\_\_\_

*Description of the burial space to be opened:* \_\_\_\_\_

**Lot Owner Name:** \_\_\_\_\_

**Monument Present:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Interment Date:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_

**Grave Opening Request:** (\_\_\_\_\_ Traditional) or (\_\_\_\_\_ Cremation)

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**Next of Kin Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Payment Arrangements:* (Funeral Director \_\_\_\_\_) (Family \_\_\_\_\_) (Prepaid \_\_\_\_\_)

# **AUTHORIZATION AND AGREEMENT**

## CHECK ONE:

- **Applicant:** By my signature below, I affirm that I have read the above terms, conditions and policies. I have the authority to authorize interment and I accept full financial responsibility for all Greenwood fees. I certify that the interment location stated above is correct.
- **Designated Representative:** By my signature below, I affirm that I have read the above terms, conditions and policies. I have the authority to authorize interment from the owner of the burial rights, (Power of Attorney must be attached) and I accept full financial responsibility for all Greenwood fees. I certify that the interment location stated above is correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The aforementioned Applicant or Designated Representative, personally appeared before me, a licensed funeral director or witness, on \_\_\_\_\_, 20 \_\_\_\_ and acknowledged the foregoing as his or her own free act and deed.

**F.D. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

FH Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## **Greenwood Authorizing Official:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- The Rev. Dr. Nathan Corl Minnich, President
- Tracey L. Minnich, Caretaker

Fee Due: \$ \_\_\_\_\_ Fee Rec'd Date: \_\_\_\_\_

Cemetery Regulations: Mailed \_\_\_\_\_ Delivered \_\_\_\_\_

Map/Description for location of burial received: \_\_\_\_\_

Appointment for location identification: \_\_\_\_\_