Order for Interment		Date:
This completed form must be pres PLEASE USE CLEAR, ACCURA	•	•
Elm Grove Cemetery is hereby au	thorized to accept the rema	ins/cremains of:
Name:		Age:
For interment in : SectionNumber	Lot number	Grave
Birthplace:		Birthdate:
Late residence: City:		State:
Date of Death:		
Date of internment requested:		
Name of Funeral Home:(Circle)		Cremation Yes/No
Nearest Relative:		
I am /we are authorized to sign thin  () Surviving spouse of the deceas () All of the surviving children of () Other (Describe)	is ORDER for INTERMEN	T because I am /we are:
The Sp An heir	etor The Spouse of the pouse of a child of the Proprr-at-law of the Proprietor (describe)	ietor

I/we certify that the foregoing statements are true. I/we (jointly and severally) agree to indemnify
and hold harmless the Cemetery and Funeral Director designated herein from any and all loss or
damage (including reasonable attorney's fees) sustained by the Cemetery and the Funeral
Director on account of claims arising out of actions taken by the Cemetery or Funeral Director in
reliance on these statements and in connection with the interment.

SIGNATURES:	ADDRESS