

INTERMENT AUTHORIZATION/RECORD OF INURNMENT



Sweet Home Funeral Chapel
1443 Long Street
Sweet Home, Oregon 97386
PHONE (541) 367-2891
FAX (541) 367-4095
sweethomefuneral@comcast.net

Deceased: _____ Date of Death: _____
Tag Number: _____ Date of Arrangements: _____

_____ Sweet Home Cemetery District _____ (Other) _____
PO Box 453 _____
Sweet Home, Oregon 97386 _____

I, _____, being the decedent's _____,
(printed name of person with right to control disposition) (relationship to deceased)
have requested Sweet Home Funeral Chapel to inter the body of _____.
(name of deceased)
in cemetery space _____ on _____
(Lot, plot, block, space, niche or crypt description) (Date of interment or entombment)

Name of Cemetery representative responsible _____
Date signed _____ Time signed _____
Phone number _____

Signature of person with right to control disposition: _____
Printed Name of person with right to control disposition: _____
Date signed _____ Time signed _____
Phone number _____

Signature of funeral home licensee _____
Printed name of funeral home licensee _____
Date signed _____ Time signed _____

Although an interment authorization is not required for the inurnment of cremated remains, this form may be used as the record of inurnment. Authorizing signatures are not required for inurnment of cremated remains.