



1000 WEST CEDAR AVENUE  
GLADWIN, MICHIGAN 48624  
TELEPHONE: (989) 426-9231  
FAX: (989) 426-6942

## HIGHLAND CEMETERY INTERMENT AUTHORIZATION

City of Gladwin, You are hereby authorized and instructed per your rules and regulations, to inter the remains of, or bury the cremains of:

NAME OF DECEASED (please print): \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

CEMETERY LOCATION: Section \_\_\_\_\_ Lot: \_\_\_\_\_ Grave: \_\_\_\_\_ Mausoleum: \_\_\_\_\_

### **AUTHORIZED REPRESENTATIVE/ OWNER OF LOT:**

*I hereby certify that I have full and complete right to make this authorization, and I agree to hold the City of Gladwin and its staff harmless from any liability on account of said authorization.*

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

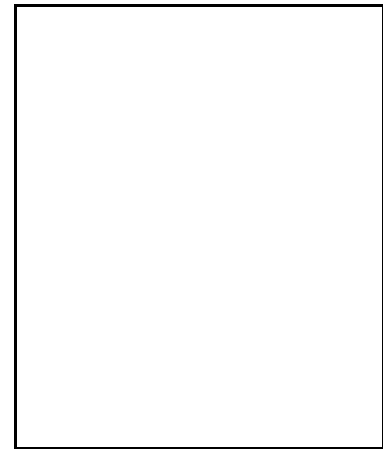


Diagram of location must be completed before signing

### **FUNERAL DETAILS:**

Funeral Director \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Day/Date of burial \_\_\_\_\_ Arrival time at cemetery \_\_\_\_\_

**Please Note: Two (2) business days' notice must be given at time of Interment request. If not, a Rush Service fee of \$150.00 will apply.**

BURIAL TYPE:    Embalmed     Cremains  (Size of Container) W \_\_\_\_\_ x H \_\_\_\_\_ x D \_\_\_\_\_

Chapel     Drop Off     Graveside Service  if so, will tent be used? Yes  No   
*(Graveside Services are NOT permitted December 1<sup>st</sup> through March 31<sup>st</sup>)*

Comments \_\_\_\_\_