

Catholic Cemeteries, Diocese of Springfield in Illinois Interment Authorization

Cemetery Name/Location: _____

Cemetery Manager: _____

Parish/Cemetery Office Address, City, State, Zip: _____

Phone: _____

Permission is hereby granted to Catholic Cemeteries, Diocese of Springfield in Illinois, for the interment of:

Name of deceased: _____

Burial date: _____ in _____ cemetery in:

Section _____ Block _____ Lot _____ Row _____ Grave _____ **OR** Crypt _____ Niche _____ Tier _____

Notes: _____

Please Read

The undersigned, on behalf of themselves, their heirs, personal representatives and assigns, do hereby agree to indemnify and hold harmless the Catholic Bishop of Springfield in Illinois, Catholic Diocese of Springfield in Illinois, a religious corporation, the Catholic Cemeteries, its agents and employees, against any and all loss or damage sustained as a result of any claim that may hereafter be made against the Catholic Bishop of Springfield in Illinois the Catholic Diocese of Springfield in Illinois, a religious corporation, its agents and/or employees, arising out of or in any way connected with the authorization granted by this document.

Deceased's legal representative: _____

Address, City, State, Zip: _____

Relationship to deceased: _____

My signature below does hereby verify that I have seen the above grave space and I consent to burial in this location.

Signature of deceased's representative: _____

I choose not to verify the grave space in person, therefore, Catholic Cemeteries cannot be held responsible for any misinterpretation of the grave location.

Signature of deceased's representative: _____

Witness to above signature: _____

Print name: _____

Internal Use Only:

I have sent notification to the parish for entry in the parish death register: _____

I have registered this burial with the State of Illinois: _____