

DURHAM CEMETERY COMPANY

P. O. Box 56
Durham, Connecticut 06422

GRAVE OPENING AUTHORIZATION

Burial No. _____ Date _____

Please open Grave _____, Lot _____, Section _____

In _____ Cemetery

For the interment of _____

Date of Birth _____ Date of Death _____ Age _____

Relationship of deceased to Lot Owner(s) _____

Day of week _____ Date _____ Time _____

Vault (size and model) _____ Furnished by _____

Funeral Director _____

Name of Lot Owner(s) _____

I hereby request and authorize The Durham Cemetery Company to open the above-mentioned grave for the interment of the remains of the stated deceased. I certify and represent that I have the right to make this authorization and I agree to hold The Durham Cemetery Company harmless and promise to indemnify The Durham Cemetery Company for any liability on account of said authorization and interment.

Print Name _____ Address _____

Relationship to Lot Owner(s) _____

Signature _____

Print Name _____ Address _____

Relationship to Lot Owner(s) _____

Signature _____

For office use only

Opening \$ _____ Other \$ _____ TOTAL \$ _____