



INTERMENT AUTHORIZATION FORM
WOODLAND CEMETERY ASSOCIATION OF DAYTON ("WOODLAND")

118 Woodland Avenue
Dayton, OH 45409
Fax #: (937) 222-7259
www.woodlandcemetery.org

Attention Signatories: Signers of this form are encouraged and advised to meet with Woodland Staff, review maps and lot locations and learn Woodland’s memorial and burial requirements prior to completing the information below and/or attesting to its accuracy. Woodland will not be responsible for interment errors in the absence of a personal visit to and approval of the burial site.

Important: 24 Hour Rule – A Woodland “Interment Order” authorizing a burial space opening must be issued at least 24 hours prior to any interment. Before an Interment Order can be issued, the following process must be completed and paperwork submitted: This “Interment Form” must be accurately completed and submitted and accepted by Woodland. It must be accompanied by a lot drawing signed by the “Authorizing Party” showing the exact location and number of the space to be opened. If it is not signed in front of Woodland Personnel, it must be notarized. If it is signed by anyone other than the “Applicant” as defined herein, a Woodland Power of Attorney Form must be properly executed, notarized and submitted. Payment in full, or payment arrangements acceptable to Woodland must also be completed. Only after all of this process is completed and submitted and “Accepted” by Woodland will Woodland issue an “Interment Order” authorizing the opening of the burial space, and this must be at least 24 hours prior to the interment. Woodland will not be responsible for errors resulting from incomplete or erroneous information provided by and/or attested to by the signature below.

Definitions: The “Authorizing Party” shall complete either signature block **10, 11** or **12** based upon the following definition:

“Applicant” – One who actually owns the burial space or has the right due to kinship, inheritance or burial right assignment to authorize an interment in that space. Must be signed in the presence of a Woodland Representative.

Designated Representative – A family member or friend designated by the Applicant through Power of Attorney to act on the Applicant’s behalf regarding visits to the burial space, approval of lot drawings and commitment to payment arrangements.

Funeral Director Representative – A funeral director designated by the Applicant through Power of Attorney to act on the Applicant’s behalf regarding visits to the interment space, approval of lot drawings and commitment to payment arrangements.

Representation: By my signature below, I assert that I either am the owner of the burial space and/or have the right to use it, or that I have the authorized Woodland Limited Power of Attorney from the person who does and am fully authorized to execute this Interment Authorization Form.

Payment Information: Payment in full or arrangements for payment in full that are satisfactory and acceptable to Woodland must be completed or paid 24 hours in advance of interment. By my signature below, I agree to be personally responsible for all customary and reasonable charges for services provided by Woodland pursuant to this Interment Form and that the arrangements indicated in Box 9 below are acceptable to me.

The term “burial space” refers to lots, crypts, niches, and the right to be interred therein.

The term “interment” refers to inurnment, entombment, ground burial, scattering or placement in an ossuary.

This form is subject to Woodland’s Rules and Regulations as they are now or may be amended from time to time.

FAMILY	(1) DECEDENT’S NAME	(2) NEXT OF KIN NAME & TELEPHONE NUMBER	(3) LOT OWNER’S NAME & TELEPHONE NUMBER	(4) PERSON COMPLETING THIS FORM NAME & TELEPHONE NUMBER
	(5) SECTION		(5A) LOT	(5B) LAWN CRYPT NUMBER
EARTH BURIAL	(6) MAUSOLEUM/NICHE/ CRYPT/ LIGHTED NICHE		(6A) LEVEL	(6B) ROW
ABOVE GROUND	(7) LOT/SECTION DRAWING ATTACHED? YES () NO ()		(8) SIGNED AND RETURNED YES () NO ()	
DRAWING	(PLEASE SIGN IN AUTHORIZED INTERMENT SPACE AND RETURN)			
PAYMENT INFO	(9) PAID IN FULL BY APPLICANT OR DESIGNATED REPRESENTATIVE (CIRCLE ONE) CHECK CASH CREDIT CARD MONEY ORDER OTHER: _____			(9A) PAID IN FULL BY FUNERAL DIRECTOR AUTHORIZED BY: _____

AUTHORIZATION AND AGREEMENT

(10) BY APPLICANT

By my signature below, I affirm that I have read the above terms, conditions and policies. I have the authority to authorize interment and I accept full financial responsibility for all Woodland fees. I certify that the interment location stated in box 5 or 6 is correct.

APPLICANT SIGNATURE

APPLICANT PRINTED NAME

STREET ADDRESS

CITY STATE ZIP

TELEPHONE NUMBER

(11) BY DESIGNATED REPRESENTATIVE

By my signature below, I affirm that I have read the above terms, conditions and policies. I have the authority to authorize interment from the owner of the burial rights, (Woodland Limited Power of Attorney must be attached) and I accept full financial responsibility for all Woodland fees. I certify that the interment location stated in box 5 or 6 is correct.

DESIGNATED REPRESENTATIVE SIGNATURE

DESIGNATED REPRESENTATIVE PRINTED NAME

STREET ADDRESS

CITY STATE ZIP

TELEPHONE NUMBER

(12) BY FUNERAL DIRECTOR ("FD")

By my signature below, I affirm that I have read the above terms, conditions and policies. I have the authority to authorize interment from the owner of the burial rights, (Woodland Limited Power of Attorney must be attached) and I accept full financial responsibility for all Woodland fees. I certify that the interment location stated in box 5 or 6 is correct.

FD SIGNATURE

FD PRINTED NAME

STREET ADDRESS

CITY STATE ZIP

TELEPHONE NUMBER

MUST BE NOTARIZED IF NOT SIGNED IN THE PRESENCE OF WOODLAND PERSONNEL

WOODLAND REPRESENTATIVE WITNESS

DATE TIME

COMMENTS: _____

Notary Acknowledgment

State of _____

County of _____ SS:

_____, the aforementioned Funeral Director or Designated Representative, personally appeared before me, a notary public in and for said State and County, on the _____, 20 ____ and acknowledged the foregoing as his or her own free act and deed.

Notary Signature and Seal _____

OFFICE USE ONLY

<p>(13) LOT DRAWING SIGNED AND RETURNED</p> <p align="center">YES () NO ()</p>	<p>(14) ERRORS NOTED: YES () NO ()</p> <p>RETURNED FOR CORRECTION ON: _____</p>
<p>(15) DATE AND TIME OF SERVICE:</p>	<p>(16) DATE/TIME AUTHORIZATIONS RECEIVED</p>
<p>(17) GROUNDS CREW NOTIFIED 24 HOURS IN ADVANCE OF SERVICE?</p> <p align="center">YES () NO ()</p>	<p>(18) WOODLAND'S APPROVAL BY:</p> <p>_____</p> <p align="center">DATE: _____ TIME: _____</p>