

# AUTHORIZATION DOCUMENT

## CATHOLIC CEMETERIES / DIOCESE OF ROCKFORD

Permission is hereby granted to Catholic Cemeteries, Diocese of Rockford, for burial of:

NAME OF DECEASED: \_\_\_\_\_ map attached \_\_\_\_\_

BURIAL DATE: \_\_\_\_\_ OWNER ID: \_\_\_\_\_

SEC/ BLK: \_\_\_\_\_ ROW \_\_\_\_\_ LOT \_\_\_\_\_ GRAVE \_\_\_\_\_ TIER \_\_\_\_\_ NICHE \_\_\_\_\_

IN: \_\_\_\_\_ CATHOLIC CEMETERY – DIOCESE OF ROCKFORD

PLEASE READ

Use of this form by persons other than the owner of the above described lot or their heirs or legal representatives, the undersigned, on behalf of themselves, their heirs, personal representatives and assigns, do hereby agree to indemnify and hold harmless the Catholic Bishop of Rockford, Catholic Diocese of Rockford, 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 Rockford, the Catholic Diocese of Rockford, a religious corporation, its agents and/or employees, arising out of or in any way connected with the authorization granted by this document.

Signature(s) of owner(s) or heirs of owner	Address City, State, Zip, Phone	Relation to Owner Or Deceased

My signature below does hereby verify that I have seen the above grave space and it is correct.

\_\_\_\_\_  
Signature of Heir

If I do not verify the grave space in person, Catholic Cemeteries cannot be held responsible for any misinterpretation of the grave location:

\_\_\_\_\_  
Signature of Heir

Witness to above signature(s): (if not present at cemetery)
Witness: _____
Print name: _____