



MIAMI MEMORIAL PARK INC.

7875 North Crescent Rd., Covington, Ohio 45318

Ph.: 937.473.3038 Facsimile: 937.473.3088

www.miamimemorialpark.org

Burial#: _____

Interment Order and Authorization Form

All Interments Require an Advance Notice of 48 hours (Minimum)

Name of Deceased: _____

Address of Deceased: _____

Date of Birth: _____ Date of Death: _____ Age: _____ SS#: _____

Veteran: Yes _____ No _____ Lot Owned By: _____

LOT OWNER MUST SIGN THE AUTHORIZATION IF NOT THE SAME AS THE AUTHORIZING RELATIVE

I HEREBY CERTIFY THAT I AM THE _____ OF THE ABOVE NAMED DECEASED AND THAT THIS IS MY AUTHORITY TO MAKE THE DISPOSITION OF THE REMAINS AS ABOVE INFORMED. I FURTHER CERTIFY AND REPRESENT THAT I AM IN CHARGE AND HAVE THE RIGHT TO MAKE THIS AUTHORIZATION. I AGREE TO HOLD MIAMI MEMORIAL PARK INC. (MMP) HARMLESS FROM ANY LIABILITY ON ACCOUNT OF SAID AUTHORIZATION AND DISPOSITION. I, THE UNDERSIGNED, HAVE READ MMP'S RULES AND REGULATIONS.

Signature of Party in Charge Lot Owner(s)

Family authorized the opening of the grave on: Day: _____ Time: _____

SURVIVOR(s) If more than one person, use reverse side:

Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

Funeral Home: _____ Phone: _____ Email: _____

Date of Funeral: _____ By Funeral Director: _____ Mobile: _____

Day of Funeral: _____ Time: _____

Funeral Services Conducted at: Funeral Home _____ Church _____ No Service _____

Committal Service Conducted at: Chapel _____ Graveside _____ End at Funeral Home _____

SECTION: _____ BLOCK: _____ LOT: _____ GRAVE/CRYPT: _____ Vault: _____ MMP: _____

COLUMBARIUM: _____ NICHE: S _____ DIR _____ COL _____ ROW _____

SPECIAL NOTES/INSTRUCTIONS:

MMP Employee: _____
Name Date