

CITY OF DENISON

Fairview Cemetery  
1501 N. Hwy 91  
P.O. Box 347  
Denison, TX 75021

903.465.3188 | Phone

www.cityofdenison.com



City of Denison Cemeteries  
Fairview-Maple Grove, Magnolia & Oakwood  
Denison, Texas 75021  
(903) 465-3188

## INTERMENT ORDER AND AUTHORIZATION

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased, has been given to the cemetery performing the interment. The undersigned hereby request and authorize:

In accordance with Texas Health and Safety Code Sec. 711.002 and subject to its rules and regulations to inter the remains of:

**Full Name of Deceased:** \_\_\_\_\_

Unless the decedent specifies otherwise in writing, the following persons shall have the authority to control disposition of the decedent's remains in the following priority list and over the age of (18).

- Person designated in written instrument and signed by decedent
- Spouse
- Adult Child or Children
- Parents
- Adult Siblings
- Adult Relatives

*The undersigned hereby certifies that they are the next-of-kin of the above-named Deceased, or otherwise have the full legal authority to direct the interment, entombment, or inurnment of the remains of the Deceased, and hereby authorize the above-named cemetery to make disposition of the remains of the Deceased as indicated above. The undersigned hereby further certifies and represent that they are*



*the owner(s) or authorized representative(s) of the owner(s) of the above-described Interment Rights for the interment, entombment, or inurnment of the remains of the Deceased. Cemetery is hereby authorized to install any outer burial container purchased in connection with this interment in the interment space described herein.*

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS THE CEMETERY, ITS AFFILIATES, AND THEIR RESPECTIVE AGENTS, SHAREHOLDERS, OFFICERS, DIRECTORS AND EMPLOYEES FOR ANY AND ALL LOSSES, COSTS OR LIABILITY, INCLUDING REASONABLE ATTORNEY FEES, IT OR ANY OF THEM MAY SUSTAIN IN CONNECTION WITH ANY MISREPRESENTATIONS, MISSTATEMENTS, NEGLIGENCE, INTENTIONAL ACTS OR MISCONDUCT BY THE UNDERSIGNED AS IT RELATES TO THE INTERMENT, ENTOMBMENT OR INURNMENT AUTHORIZED HEREUNDER.

The undersigned agree that, at its own expense the cemetery has the right to correct any error in the interment, entombment, or inurnment.

This form must be signed by (1) the property owner or (2) the closest next-of-kin.

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**Signature of Authorized Representative**

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**Print Name**

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_