Interment Order/Authorization

DATE_____ INTERMENT #_____

The undersigned hereby request and authorize Milton Fields Cemetery located at 1150 Birmingham Rd.,Milton Georgia 30004, in accordance with and subject to its rules and regulations to inter the remains of:

Name of Deceased (First, MI, Last)			Age	Sex Male ☐ Female ☐
Date of Birth	Date of Death	Veteran Yes ☐ No ☐ Branch of Service:		Miltary Honors? Yes ☐ No ☐
Description of Interment Space				Date of Purchase
Name of Interment Space Purchaser (First, Middle, Last)				
Name of Funeral Home		Funeral Director		Telephone # / Fax #
Funeral Home Address		City		State / Zip Code
Location of Funeral Service		Day	Date	Time of Service
Type of Cemetery Service		Day	Date	Time of Service
Casket To Be Used		Manufacturer		Sold By
Memorial Marker To Be Used		Manufacturer		Sold By
Description of Urn Being Interred		Manufacturer		Sold By
Remarks				

						Family Verification Of Space
						Signature_____
						Date_____

The undersigned hereby certify that they are the next of kin of the above named Deceased, or otherwise have the full legal authority to direct the interment or inurnment of the remains of the deceased, and herby authorize **Milton Fields Cemetery** to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representatives of the owner(s) of the above described Interment Rights, and hereby authorize use of the said Interment Rights for the interment or inurnment of the remains of the Deceased. **Milton Fields Cemetery** will not install any outer burial container purchased in connection with this interment in the interment space described herein, in keeping with our rules and regulations as posted and available to the public. Milton Fields Cemetery will not bury any casket that is not biodegradable and preapproved by the cemetery or listed as approved on Milton Fields General Price list. The undersigned hereby agree to indemnify and hold harmless **Milton Fields Cemetery**, its affiliates, and their respective agents, shareholders, officers, directors, and employees from any and all liability, including reasonable attorney's fees, and against any loss it or any of them may sustain in connection with the interment or inurnment authorized hereunder. Further, the undersigned agree that **Milton Fields Cemetery** shall have the right to correct any error in this interment, at its own expense, without any liability for such error.

MILTON FIELDS CEMETERY WILL NOT PERFORM THIS, OR ANY INTERMENT UNTIL THIS FORM HAS BEEN SIGNED BY (1) THE LEGAL OWNER OF THE INTERMENT RIGHTS, AND/OR (2) THE NEXT OF KIN OR OTHER LEGALLY AUTHORIZED REPRESENTATIVE.

Authorized Representative Signature	Print Name		Relationship	Date
Address	City	State	Zip Code	Phone
Authorized Representative Signature	Print Name		Relationship	Date
Address	City	State	Zip Code	Phone