



Oak Lawn Cemetery and Arboretum

1530 Bronson Road
Fairfield, Connecticut 06824

Telephone: 203.259.0458 • Email: office.oaklawn@gmail.com

(Please email to Oak Lawn upon completion)

Authorization for Interment, Entombment or Inurnment

I, _____ hereby authorize the opening of:

Crypt Niche Grave

Section or Elevation _____ Lot # _____ Grave _____

and to remove any plantings or other obstructions for the interment of:

Name of Deceased: _____

Date of Death: _____ Name of Church/Place of Service: _____

Date of Burial: _____ Time of Service: _____

Arrival time at Oak Lawn (approx.) _____

IS THIS A CREMATION BURIAL ? Yes No Vault: _____

I hereby request and authorize Oak Lawn Cemetery and Arboretum to open the above mentioned location for the interment of the remains of the stated deceased. I certify and represent that I have the right to make this authorization and I agree to hold Oak Lawn Cemetery and Arboretum harmless and promise to defend from any liability on account of said authorization any interment. According to the best of my knowledge, information, and belief there is no next of kin who would be opposed to this interment. The cemetery management shall not be responsible for any order given by telephone or any mistake occurring from want of proper instructions as to the particular location where interment is to be made. The management reserves the right to make an equitable charge whenever additional labor costs result from such mistakes.

Name of Lot Owner or Next of Kin: _____ Relation to the Deceased _____

Signature: _____ Funeral Home: _____

Address: _____ Address: _____

SIGNATURE REQUIRED BY THE FAMILY AND THE FUNERAL DIRECTOR ATTESTING TO THE SECTION, LOT, AND PLACEMENT OF THE BURIAL OF THE DECEASED PRIOR TO THE OPENING OF THE GRAVE, CRYPT OR NICHE BY OAK LAWN CEMETERY AND ARBORETUM.

Funeral Director's Signature

Note(s): _____
