



INTERMENT ORDER

_____ Highland Cemetery
_____ Jamesburg Park Cemetery

CITY LICENSE
(316) 268-4553

The fees for interment or disinterment permits shall be in an amount equal to that charged to the City of Wichita by the contractor performing the service.

Administrative fee of \$25.00

Interments and disinterments are dependent on contractor availability.

_____ (funeral director) is hereby authorized and instructed to inter or disinter the remains of _____ in Section _____, Lot _____, Grave No. _____, in the cemetery checked above, in Wichita, Kansas.

I, _____ (name and address-please print), hereby certify that I am the _____ (relationship) of the above-named decedent and this is your authority to make disposition of the remains of said decedent as indicated above. I hereby certify and represent that I have the right to make this authorization and I agree to hold the City of Wichita harmless from any liability on account of said authorization and interment or disinterment.

Signature _____ Date _____

Witness _____

Funeral Home _____ Funeral Director _____

Date of Interment or Disinterment _____

Time of Church or Funeral Home Service _____ Time of Grave Side Service _____

FOR OFFICIAL USE ONLY

License Number	Fee Paid	Issued By
Date Records Posted	Date Issued	