



INTERMENT ORDER

_____ Highland Cemetery
 _____ Jamesburg Park Cemetery

CITY LICENSE
 (316) 268-4553

Per Burial:	<u>M-F</u>	<u>SAT</u>
Adult	\$315.00	\$390.00
Child	\$250.00	\$325.00
Cremaains	\$90.00	\$160.00
Disinterment	\$375.00	\$375.00

Interments and disinterments are not performed on Sunday or holidays and must not be set for Saturday after 12 noon.

_____ (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	