

## AUTHORIZATION TO OPEN GRAVE

To: Department of Parks and Cemetery, City of Wichita Falls

Please prepare a grave in \_\_\_\_\_ Cemetery for the interment of  
(First \_\_\_\_\_ (Middle \_\_\_\_\_ (Last \_\_\_\_\_  
Name) \_\_\_\_\_ Name) \_\_\_\_\_ Name) \_\_\_\_\_

I hereby certify that I am the owner of record, or the legal representative of the owner of  
Block \_\_\_\_\_ Lot \_\_\_\_\_ Space \_\_\_\_\_; that I am the (Relationship) \_\_\_\_\_  
of the decedent named above and this is your authority to dispose of the remains. **I further certify that I have  
the right to make this authorization and hereby agree to indemnify, defend and hold harmless  
the City, its officers and employees from and against any claims, actions or liabilities which in  
any manner result from this authorization and/or internment.** I further understand that I must be  
prepared to produce a warranty deed or other documents required to prove ownership of this property.

Witness herewith my signature this the \_\_\_\_\_ day of \_\_\_\_\_, (Year) \_\_\_\_\_

Lot owner or Legal representative \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Signature \_\_\_\_\_

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