

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 interment.** 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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