

Website: www.ivyhill.org		Ivy Hill Cemetery Co. of Alexandria		Phone: 703.549.7413	
E-mail: cemetery@ivyhill.org		Authorization for Interment/Inurnment		Fax: 703.836.7584	
FULL NAME OF DECEASED					
FIRST	MIDDLE	LAST	MAIDEN		
DATE OF BIRTH	MM/DD/YYYY		DATE OF DEATH	MM/DD/YYYY	
VETERAN		BRANCH		RANK	
You are hereby authorized and instructed, subject to your Rules and Regulations, to inter the remains of the above named person in the property located in:					
Section		Lot/Str		Site/Niche	Type
The following person(s) is/are the owner(s) of the rights located in the above named property:					
FULL NAME(S) OF INTERMENT/INURNMENT RIGHTS OWNER(S)					
FIRST	MIDDLE	LAST	MAIDEN		
FULL NAME OF RESPONSIBLE PARTY					
FIRST	MIDDLE	LAST	MAIDEN		
Home Address					
Home Telephone			Business Telephone		
Relationship of Responsible Party to Deceased					
Relationship of Responsible Party to Interment Rights Owner					
<p>I hereby certify that the above-stated are my relationships to the deceased and to the interment rights owners named herein. My signature hereon is your authority to make the disposition of the remains as indicated. I further certify and represent that, in this capacity, I have the right to make this authorization and accept the responsibility and liability therefor. I further agree to hold Ivy Hill Cemetery Co. of Alexandria harmless from any liability on account of said authorization and disposition in this matter and to abide by the rules and regulations of Ivy Hill then in force or those made thereafter. The Rules and Regulations are available on the cemetery web site, ivyhill.org, or in the office of the cemetery</p>					
Signature of Responsible Party:				Date:	
For Ivy Hill:				Date:	
ALL INTERMENT ORDERS MUST BE CONFIRMED BY THE SIGNING OF THIS FORM.					