

Interment Authorization

Department of Consumer Affairs – Cemetery and Funeral Bureau 1625 N. Market Blvd. Suite S-208, Sacramento, CA 95834 (916) 547-7870

Cemetery:		
Section/Bank:	Row/Tier:	Space:
I hereby represent that I am the _		of/for this space. I
authorize Hooper and Weaver Mo	ortuary, Inc. to inter i	n this space the remains of:
Signature		 Date
Printed Name		
Relationship to Owner	_	