DESIGNATION OF PERSONS WHO MAY BE INTERRED

IDENTIFICATION OF THE PERSON COMPLETING THIS FORM:

Name:	Telephone:
Address:	Email:
THE UNDERSIGNED, being of	full age, states that the following information is true:
1. Name(s) of original Lot Owner	ers:
2. Location of burial space in	Cemetery:
3. My relationship to the origina	l Lot Owners is
4. I hereby consent and direct t	hat the following named person(s) may hereafter be interred in the specified location
within such burial space subje	ect to the by-laws, rules and regulations heretofore or hereafter adopted by the Cemetery:
Name:	Location:
7. NOTE: All descendants of Designation of Persons Who	eck one box): \square revocable \square irrevocable. original lot owners (or their legal representatives) must submit a properly executed May Be Interred in order for any such designation to become effective. If any person or burial shall be buried elsewhere, all rights of burial granted hereunder as to such person terminate.
Dated:, 20	Signed:
	Print Name:
	, before me, the undersigned, personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be escribed to the within instrument, and he/she acknowledged to me that he/she executed that by his/her signature on the instrument, the individual, or the person upon behalf of
Notary Public	