

Adams Cemetery Association, Inc.

Located at the end of Adams Cemetery Rd
PO Box 209
Molalla, OR 97038

Phone: 503-829-4887
Email: adamsceemetery@gmail.com
Website: www.adamsceemetery.com

Interment Authorization Form

I, _____, being the decedent's _____
(Printed name of person with right to control disposition) (Relationship to deceased)

Have requested Adams Cemetery to inter the remains of _____
(Decedent's Name)

(Signature of person with the right to control disposition) (Phone) (Date) (Time)

(Name of Deceased Representative) (Relationship to Deceased) (Phone) (Email)

(Deceased Representative Address) (City) (State) (Zip)

Is the person responsible for paying placement costs the deceased representative above? YES NO. If not, complete section below:

(Name of Person paying placement costs) (Relationship to Deceased) (Phone) (Email)

(Address of person paying placement costs) (City) (State) (Zip)

Deceased Information

(First Name) (Middle Name) (Last Name) (Maiden Name)

(Date of Birth) (Date of Death) (Age) (Veteran/Branch of Military) (State ID Tag #)

Burial and Service Information

(Date of Burial) (Time of Graveside Service/Burial) Burial Location (Provide Pallbearers?)

(Type of Casket) (Type of Urn) Service Type Delivery Only Watch Placement Yes
 Graveside Service No

(Liner or Vault) (Size of Urn) Service Setup (Tent) (Chairs) (Greens) # of People

Funeral Home/Crematorium Information and Representative Authorizations

(Name of Funeral Home or Crematorium) (Name of Funeral Contact) (Phone) (Email)

(Address of Funeral Home or Crematorium) (City) (State) (Zip)

(Printed Name of Representative acquiring authorization) (Signature of Representative acquiring authorization) (Date)

(Printed Name of Cemetery Representative) (Signature of Cemetery Representative) (Date)