



Interment Authorization for Sibling

This form is to be used when the original lot owner(s) are deceased and a child of the original owner(s), or currently interred deceased parent(s), need to be interred in an open grave. Each individual child of the lot owner, or sibling of the current deceased, must sign an authorization form which must be submitted to the cemetery office prior to interment.

Date: _____

Funeral Home: _____

Funeral Director: _____

Deceased Name: _____

Date of Interment: _____

Grave Location: _____

Section/Lot/Row: _____

Grave Number: _____

I, _____ (Please Print), child of the original lot owner(s) or current interred deceased individual(s):

Give full authorization to inter the aforementioned deceased, my sibling, to be interred in the aforementioned gravesite. I understand that in order to have the interment take place in this gravesite all of my other living siblings must also complete this form. My living siblings are as follows:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

I also agree that I will not hold Arlington Cemetery Association responsible for any issues, damages, or other indemnification on the basis of this authorization for interment in the case that any of the information included in this authorization is falsified. I take full responsibility and ownership of my statements made in this authorization.

Signature – Sibling

Date

Signature – NOTARY - Affix Stamp/Seal

Date