

### ACKNOWLEDGEMENT OF POSSIBLE DISINTERMENT

Decedent	First Name	Middle Name	Last Name
Legally Authorized Person	First Name	Middle Name	Last Name

I hereby acknowledge that if Decedent's remains are interred prior to the certification of the cause of death by the certifying physician, disinterment of Decedent's remains may be necessary. In such event I acknowledge that I am responsible for any and all costs associated with such disinterment and reinterment. Such costs may include, but not be limited to, fees for disinterment, professional services, transportation, storage and reinterment.

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Signature of Legally Authorized Person

Date Signed

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Signature of Interment Right Owner for Disinterment

Date Signed

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Signature of Interment Right Owner for Reinterment

Date Signed