

**BELL'S CHAPEL CEMETERY**

Website: [www.bellschapelcemetery.org](http://www.bellschapelcemetery.org)

For information, call June Muir at 469-387-0591

Please email to: [info@bellschapelcemetery.org](mailto:info@bellschapelcemetery.org)

**INTERMENT AUTHORIZATION FORM**

**INTERMENT LOCATION - Must correspond to Recorded Map as shown on the Website**

Section \_\_\_\_\_ Row \_\_\_\_\_ Plot \_\_\_\_\_  
Select: Standard Oversized Reopen Cremation Child (Circle one)

**OWNER - must correspond to the Owner as shown on the Website**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**DECEDENT:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Last Residence \_\_\_\_\_  
Date/Place of Birth \_\_\_\_\_  
Date/Place of Death \_\_\_\_\_

**DOCUMENTS - Proof of ownership must be provided**

Select: Deed \_\_\_\_\_ Other Proof of Title \_\_\_\_\_

**FUNERAL HOME - Must comply with Cemetery Rules and Regulations as posted on Website**

Funeral Home \_\_\_\_\_ License # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Funeral Director \_\_\_\_\_ Phone \_\_\_\_\_

**INTERMENT - A vault or grave liner is required, except for cremation urns**

Date of Interment \_\_\_\_\_ Arrival \_\_\_\_\_ Departure \_\_\_\_\_  
Excavation Company \_\_\_\_\_ Contact \_\_\_\_\_  
Vault Company \_\_\_\_\_ Contact \_\_\_\_\_

**AUTHORIZATION - Must be executed prior to interment by Owner or their legal successor in interest**

Name of Owner or Owner's Legal Representative \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Funeral Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Bell's Chapel Representative: Craig Sutton, President  
\_\_\_\_\_ Date \_\_\_\_\_

**Subject to \$350 Grave Opening Fee remitted to Dan Mosley, 126 Pinnacle Club Dr, Mabank, TX 75156**

The Funeral home or Family is requested to remove all flowers, wreaths, etc. left at burial within 30 days.

**NO INTERMENTS ARE PERMITTED UNLESS AUTHORIZATION IS APPROVED**