

PLOT # SEC _____ ROW _____ SPACE _____

APPLICATION FOR INTERMENT

This Application is confirmation of arrangements and must be returned to Superior Town Hall **48 hours** prior to the interment. The prompt delivery of this form will assist in the smooth running of the service. PLEASE ENCLOSE PLOT DEED if appropriate.

- All interments must be authorized by Town of Superior prior to the funeral arrangements being publicly announced;
- Part A must be completed fully in all instances,
- Upon the death of the Plot Owner, PART C must be completed at the time of application;
- Where the Plot Deed cannot be produced, PART B & D must be completed;
- An Arizona State Disposal-Transit Permit must be presented to the Town Staff at time of interment.

1. Day and Date of Interment

.....

2. Time of Arrival am/pm at Fair View Cemetery

3. Full Name of Deceased

.....

4. AddressHow Long.....

A *resident* is defined as a person living in the Superior Town limits during the previous consecutive 12 months. A person is also considered a *resident* if he or she was a resident of Superior who died in a Care Home, traveling abroad, serving in the military, attending college or has a special circumstance which may define the deceased as a resident. **A request for resident status may be reviewed by Town Manager to determine special consideration**

Yes No Resident fees apply. Yes No Non-Resident fees apply.

5. Age Gender..... Date of Birth..... Date of Death

6. Address where death occurred

7. At time of death, deceased was Married/Single/Widowed/Divorced

8. Vault/Casket, Casket only, Vault/Urn, or Urn Only

.....

9. **If a New Plot:** (a) Full Name of Owner
(Mr/Miss/Mrs/Ms)

(b) Address
.....
.....

Zip Code

Tel. No:.....

10. **If Re-open or** (a) Plot No.

c) Full name and date of last person interred

AFFIDAVIT

Affidavit of facts concerning the Application for Interment , Before me, the undersigned authority, on this day who, being first duly sworn, upon his/her oath states the above information is true and correct to the best of their knowledge.

Signed this ____ day of _____

Signed: Dated:

State of _____

County of _____

Sworn to and subscribe to before me on _____ day of _____ by

(Name of Affiant)

(Notary Signature)

PART A: CONSENT TO INTERMENT

Must be completed by the Rightful Owner of the Plot, (or their Executor or Next-of-Kin). This Part A must be completed **whether or not the Plot Deed can be produced.**

I (Mr/Miss/Mrs/Ms) consent to the interment of

the late who is my

.....in the Fair View Cemetery

Plot No.....

of which I am the Owner, (or the Executor or Next-of-Kin)

Deed Enclosed YES / NO

Address:-

Zip Code:-Tel No:-

AFFIDAVIT

Affidavit of facts concerning the Application for Interment PART A, Before me, the undersigned authority, on this day who, being first duly sworn, upon his/her oath states the above information is true and correct to the best of their knowledge.

Signed this ____ day of _____

Signed: Dated:

State of _____

County of _____

Sworn to and subscribe to before me on _____ day of _____ by

(Name of Affiant)

(Notary Signature)

PART B INDEMNITY FOR MISSING DEED

The Rightful Owner of the Plot (or their Executor or Next-of-Kin) must complete this Part B if he/she cannot produce the Plot Deed.

Where the Plot Deed in respect of Plot No.Fair View Cemetery
is lost or otherwise misplaced and cannot be produced, and where I

(Mr/Miss/Mrs/Ms).....of

.....

either *believe myself to be the Rightful Owner; or
*am the personal representative of the late

.....

whom I believe to be the Owner of the said Right, hereby authorise the opening of the said Plot
for the interment of

(Name)

Address

and undertake to indemnify Town of Superior being the Burial Authority, against any loss,
damages or costs they may incur as a result of the interment of the above-named.

AFFIDAVIT

Affidavit of facts concerning the Application for Interment PART B, Before me, the undersigned
authority, on this day who, being first duly sworn, upon his/her oath states the above information
is true and correct to the best of their knowledge.

Signed this ____ day of _____

Signed: Dated:

State of _____

County of _____

Sworn to and subscribe to before me on _____ day of _____ by

(Name of Affiant)

(Notary Signature)

PART C TRANSFER OF DEED

I (Mr/Miss/Mrs/Ms).....

of.....

..... Zip Code: Tel No:

certify that I am the nominated person on the Application for Interment and that either

Either Section A or B must be deleted to enable the transfer to be progressed.

(a) I am not aware of any other individual who has a right to inherit the Exclusive Right of Burial and I therefore request that the Exclusive Right of Burial be transferred to me

or

(b) all other beneficiaries with an equal claim to the Exclusive Right of Burial have consented to the transfer of the Exclusive Right of Burial to me. I therefore request that the Exclusive Right of Burial be transferred to me

in the Plot No/s. in consideration of which, I undertake to indemnify Town of

Superior against any claim or action which may arise out of the transfer.

AFFIDAVIT

Affidavit of facts concerning the Application for Interment PART C, Before me, the undersigned authority, on this day who, being first duly sworn, upon his/her oath states the above information is true and correct to the best of their knowledge.

Signed this ____ day of _____

Signed: Dated:

State of _____

County of _____

Sworn to and subscribe to before me on _____ day of _____ by

(Name of Affiant)

(Notary Signature)

PART D DUPLICATE OF DEED

I (Name).....
of (Address).....
..... Zip Code:-

certify that I am the registered owner of the Exclusive Right of Burial in
Plot No/s.and request that a Duplicate Deed be issued to me.

AFFIDAVIT

Affidavit of facts concerning the Application for Interment PART D, Before me, the undersigned authority, on this day who, being first duly sworn, upon his/her oath states the above information is true and correct to the best of their knowledge.

Signed this ____ day of _____

Signed: Dated:

State of _____

County of _____

Sworn to and subscribe to before me on _____ day of _____ by

(Name of Affiant)

(Notary Signature)

For Office Use Only Signature of Approval by Town Manager:

Deed Received		Opening Order Date	
Date Received		Date of Interment	
Total Fee Paid		Duplicate Certificate	

Signature of Approval by Town Manager:
Name of Funeral Director:
Address and Telephone Number: