

BURIAL AUTHORIZATION AFFIDAVIT

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

I, _____, being duly sworn, depose and say the following:

1. The name of the owner of the burial plot is: _____.
2. The name of the decedent is: _____ (the "Decedent").
3. My mailing address and phone number are:
Mailing Address: _____
Telephone Number: _____
Email Address: _____
4. My relationship with the Decedent is as follows:
 Surviving spouse
 Son or daughter who is 18 years of age or older
 Parent
 Brother or sister who is 18 years of age or older
 Grandchild who is 18 years of age or older
 Grandparent
 Any person in the next degree of kinship (after grandparent)
 Domestic partner of the owner, as defined by current city policy
 Legal heir
 Personal Representative of the Will and Last Testament or Estate of the Decedent
 Other: _____
4. I authorize the City of Lake Worth Beach to bury the:
 Body
 Remains
of the Decedent in Plot No. _____ of Section _____ of:
 Pinecrest Cemetery
 I.A. Banks Memorial Park.
5. The Decedent's relationship to the owner of the Plot is as follows:
 Decedent is the owner of the Plot
 Surviving spouse
 Son or daughter
 Parent
 Brother or sister
 Grandchild
 Grandparent
 Any person in the next degree of kinship (after grandparent)
 Domestic partner of the owner, as defined by current city policy
 Legal heir

**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK.
SIGNATURE PAGE FOLLOWS.]**

I hereby represent that to the best of my knowledge there is no living person who has the right, superior to me, to act as the authorizing agent of the deceased and/or I am legally authorized or charged with the responsibility for such burial and/or other disposition. I represent that I am not aware of any objections to the burial of the Decedent by others in the same class as I or of any person in a higher priority class. I certify and represent that I have the right to make this authorization and I hereby agree to hold harmless, defend, and indemnify the City of Lake Worth Beach, its employees, commissioners, representatives, and agents from any claims, liability, causes of action, damages, attorneys' fees, or costs arising or related in any respect to or on account of this authorization and/or the burial of the Decedent.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made above and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Signature

Date

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 2022 by _____.

[Notary Stamp]

(Signature of Notary Public –State of Florida)

____ Personally known OR

____ Produced Identification

____ Type of Identification Produced: _____