



EAST HILL CEMETERY RELEASE FORM

To Whom It May Concern:

I (We), the undersigned person(s), who are requesting the interment of

In Division: _____ Section: _____ Lot: _____ Space: _____

In East Hill Cemetery, do hereby accept full responsibility for having selected and designated the exact place of burial of the above person and do hereby agree to save harmless the City of Salem, Virginia, in matter of interring the above person in the place selected and designated by the undersigned and I (we) further represent and assert that I (we) have the legal right to make the designated site selection.

Witness my (our) signature(s) this date: _____

Print (Authorized Party/Next of Kin)

Signature

Witness:

Print

Signature