

LUKACHUKAI CHAPTER

P. O. Box 248 Lukachukai, Arizona 86507 Telephone: (928)787-2500 Fax: (928) 787-2332 Email: lukachukai@navajochapters.org

LUKACHUKAI COMMUNITY CEMETERY BURIAL AUTHORIZATION DATE: You are hereby authorized and instructed, subject our rules and regulations, to inter the remains of (deceased name) ground burial at Lukachukai Community Cemetery located in Lukachukai, Arizona. Date of Burial Service: ______ Time: _____ Name of Funeral Home: Address of Funeral Home: _____ Phone #: _____ Fax #: ____ I hereby represent that I am of the same and nearest degree of relationship of the above name decedent. I have the legal right to make this authorization and this is your authority to make disposition of the remains of the decent as above indicated. I agree to become personally responsible for the above interment order and to hold the Lukachukai Chapter free from any liability on the account of this authorization and interment. Requester Name: _____ Phone #: ____ Address: Signature Relation to Deceased: Date: FOR OFFICE USE ONLY

Date:

Approved: Chapter Administration or Chapter Officials