



Lakemont Cemetery Association  
PO Box 113  
Lakemont, NY 14857

<b>OFFICIAL USE ONLY</b>
Verified Lot Owner Yes or No
Verified Location Yes or No
Initial _____ Date ___/___/___

**AUTHORIZATION FOR PET INTERMENT BY JOINT OWNERS**

This form may be used by current living joint lot holders registered at the Lakemont Cemetery.

We do hereby authorize Lakemont Cemetery to inter the cremated remains of a domestic animal that is cremated at a licensed Pet Crematorium. We understand that proof of licensure is required to be provided prior to interment. We also understand that any interment is incidental to the interment of human remains, and that the remains shall be in their own sealed urn and may be placed in the casket or outside the casket in the same lot.

**Joint Owner Information:**

#1 \_\_\_\_\_  
*Printed Name* *Address*

\_\_\_\_\_

*Signature* *Phone* *Date*

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Witness \_\_\_\_\_ Phone \_\_\_\_\_

Address of Witness \_\_\_\_\_

#2 \_\_\_\_\_  
*Printed Name* *Address*

\_\_\_\_\_

*Signature* *Phone* *Date*

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Witness \_\_\_\_\_ Phone \_\_\_\_\_

Address of Witness \_\_\_\_\_

#3 \_\_\_\_\_  
*Printed Name* *Address*

\_\_\_\_\_

*Signature* *Phone* *Date*

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Witness \_\_\_\_\_ Phone \_\_\_\_\_

Address of Witness \_\_\_\_\_

*To Be Valid, This Form Must be Signed in the Presence of a Witness*

*Additional Joint Owners May Be Listed on Reverse*



<b>OFFICIAL USE ONLY</b>	
Verified Lot Owner	Yes or No
Verified Location	Yes or No
Initial _____	Date ___/___/___

*We understand that this constitutes legal signature confirming that we acknowledge and agree to permit pet cremains interment for any and all joint owners as well as the right to memorialization, that we have read and understand the Rules and Regulations of the Lakemont Cemetery and that we direct that all family and survivors shall honor this authorization, and that any and all of the joint owners waive any objection rights.*

**Additional Joint Owner Information:**

#4 \_\_\_\_\_  
*Printed Name* \_\_\_\_\_ *Address* \_\_\_\_\_  
\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Date* \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name of Witness \_\_\_\_\_ Phone \_\_\_\_\_  
Address of Witness \_\_\_\_\_

#5 \_\_\_\_\_  
*Printed Name* \_\_\_\_\_ *Address* \_\_\_\_\_  
\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Date* \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name of Witness \_\_\_\_\_ Phone \_\_\_\_\_  
Address of Witness \_\_\_\_\_

#6 \_\_\_\_\_  
*Printed Name* \_\_\_\_\_ *Address* \_\_\_\_\_  
\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Date* \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name of Witness \_\_\_\_\_ Phone \_\_\_\_\_  
Address of Witness \_\_\_\_\_

***To Be Valid, This Form Must be Signed in the Presence of a Witness***