



Lakemont Cemetery Association

PO Box 113

Lakemont, NY 14857

PET DISPOSAL FORM

I do hereby authorize Lakemont Cemetery to inter the cremated remains of

_____ *Pet Name*

_____ *Type of Animal*

Date of Death _____

Date of Cremation _____

Name of Pet Crematory _____

Address of Pet Crematory _____

Cremation Certificate Must be Provided

Owner Name _____

Owner Address _____

Owner Phone _____

In Section ____ Lot No. ____ Grave No. ____, presently owned by me, as permitted by the Lakemont Cemetery By-Laws and Rules and Regulations.

Interment of sealed urn is ___ with human body in casket ___ outside human casket ___ alongside human urn

I represent that I have the right to authorize interment of the Pet's remains and warrant that I am the Owner. I agree to release and indemnify the Lakemont Cemetery and its officers, from any claim, liability or cost or expense resulting from their reliance on or performance consistent with the directions, declaration, representations, authorizations and agreements herein. I warrant that all representations and statements contained in this form are true and correct.

_____ *Signature*

_____ *Date*

LAKEMONT CEMETERY USE ONLY

I, _____, officer or agent of the Lakemont Cemetery, hereby attest to the following:

Date of Pet Interment _____ Location of Burial: Section ____ Lot No. ____ Grave No. ____

Interment ___ with human body in casket ___ outside human casket ___ alongside human urn

_____ *Signature*

_____ *Date*