

CITY OF WEST JORDAN



DISINTERMENT AUTHORIZATION

DECEDENT INFORMATION

Name of Decedent:

Relationship to Decedent:

CURRENT INTERMENT INFORMATION

Cemetery Name:

Cemetery Address:

Date of Death/Interment:

Lot #:

Site #:

Section #:

Other:

Lot Owner's Name:

Lot Owner's Relationship to Decedent:

If Lot Owner is NOT the Next-of-Kin signing this form, does Lot Owner concur in request:

RE-INTERMENT INFORMATION

Cemetery Name:

Cemetery Address:

Lot #:

Site #:

Section #:

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REASON FOR DISINTERMENT

I affirm that the information provided above is true to the best of my knowledge and that the remains of the above-named decedent will be re-interred at the location listed above. I understand that the Funeral Director and/or Sexton will rely on this information to perform the disinterment and re-interment.

NEXT-OF-KIN AUTHORIZATION

Signature:

Printed Name:

Address:

Telephone Number:

NOTARY ACKNOWLEDGMENT

State of Utah)

County of _____) ss.

Subscribed and sworn before me this ____ day of _____, 20____, by
_____.

Notary Public Signature:

Printed Name:

My Commission Expires:

(SEAL)

The personal data being collected is included in a public record as defined under Utah Code 63G-2-301 and may be available to the public as provided in Utah Code 63G-2-201. Prior to making a record available to the public, the City of West Jordan redacts private, protected, or controlled information as defined in Utah Code 63G-2-302, 304, and 305. For more information, please contact the City's Data Privacy Officer, Tangee Sloan – tangee.sloan@westjordan.utah.gov