Catholic Cemeteries, Diocese of Springfield in Illinois Designation Document

Cemetery Name/Location:									
Cemetery Ma	anager:								
Parish/Ceme	tery Offic	e Address, C	ity, State, Z	Zip:					
Phone:									
We wish to o	lesignate	burial right	s to:						
1. Name:									
Sect	tion	Block	Lot	_ Row	_ Grave	OR	Crypt	Niche	Tier
2. Name:									
Sect	tion	Block	Lot	_ Row	_ Grave	OR	Crypt	Niche	Tier
3. Name:									
					_ Grave				
4. Name:									
					_ Grave			Niche	Tier
Notes:							- J1 - <u></u>		

Office for Finance for Buildings, Property and Cemeteries • Diocese of Springfield in Illinois 1615 West Washington Street, Springfield, IL 62702-4757 • 217.698.8500 x 193

* Please Read *

Use of this form by persons other than the owner of the above described lot implies that such person or persons are the sole surviving heirs of the owner and that none other exist. The undersigned, on behalf of themselves, their heirs, personal representatives and assigns, do hereby agree to indemnify and hold harmless the Catholic Bishop of Springfield in Illinois, Catholic Diocese of Springfield in Illinois, the Catholic Cemeteries, its agents and/or employees, against any and all loss or damage sustained as a result of any claim that may hereafter be made against the Catholic Bishop of Springfield in Illinois, the Diocese of Springfield in Illinois, the Catholic Cemeteries, its agents and/or employees, arising out of or in any way connected with the authorization granted by this document.

I declare that I/we have read the above and understand that a signature implies that I/we am owner(s) or a surviving heir of the owner(s) with the right of designation.

Name Address/City/State/Zip	Relation to owner	Signature(s) of owner(s) or a surviving heir of the owner	Notary Signature Subscribed and sworn before me: (please stamp the back of this document with your notary stamp)
			Signature:
			Commission expires:
			County:
			State: Date:
			Signature:
			Commission expires:
			County:
			State: Date:
			Signature:
			Commission expires:
			County:
			County:
			Signature:
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			State: Date: