AUTHORIZATION FOR BURIAL

To: Garden Island Mortuary, Ltd.

Re: _____

Name of Deceased

I, _____, hereby request and authorize

Print Authorized Person's Name

Garden Island Mortuary, Ltd., including its employees, independent contractors, and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer), to perform the final disposition and burial of the decedent.

I acknowledge that this authorization confirms, _____

Cemetery Name

located in _____ is properly equipped and legally permitted

City/State

for the burial of the decedent.

REPRESENTATION OF AUTHORITY AND INDEMNITY

I represent and warrant to Garden Island Mortuary, Ltd. that I hold the legal right to control the disposition of the remains of the decedent as prescribed by Hawaii Revised Statutes. I further agree to defend, indemnify, and hold harmless Garden Island Mortuary, Ltd., its officers, and its agents from any and all claims, damages, liabilities, or losses, including legal fees, that may arise from any dispute by other parties claiming a superior right to control such disposition or contesting the location of burial.

_____ _____

Signature of Authorized Person | Date

_____ _____

Witness Signature | Date

Licensed Mortician/Apprentice Embalmer:

_____ _____

Licensed Mortician/Apprentice Embalmer Signature | Date