



Interment Authorization

I confirm as the authorizing person with the right to control the final disposition of the decedent:

..... that my relationship to the decedent is:

.....

Date of birth of the decedent: **Gender:**

Name of the father of the decedent:

Address of the decedent:

Date of death: **Place of death (City, State):**

State ID Tag #

I authorize and direct that the remains of the decedent shall be buried in the Islamic Cemetery of Oregon.

Name of the authorizing person:

Phone Number: (.....)

Signature:

Date: / /

Date permission was obtained:

Name of the facility who acquired the authorization: Islamic Cemetery of Oregon

Name of the facility representative who acquired the authorization:

Phone Number: (.....)

Signature:

Date: / /