



CITY OF BAKER CITY, PUBLIC WORKS DEPARTMENT
 MT. HOPE CEMETERY, 910 SOUTH BRIDGE STREET, BAKER CITY, OR 97814
 MAIL TO: P.O. BOX 650, BAKER CITY, OR 97814
INTERMENT AUTHORIZATION FORM

TO BE COMPLETED BY THE INDIVIDUAL WITH THE RIGHT TO CONTROL DISPOSITION:

Printed Name of Individual with Right to Control Disposition:		Signature of Individual with Right to Control Disposition:	
Phone #:	Relationship to Decedent:	Date:	Time: a.m. p.m.

TO BE COMPLETED BY THE INDIVIDUAL WITH THE RIGHT TO CONTROL DISPOSITION OR FUNERAL SERVICE PRACTITIONER:

Full Name of Decedent:	Date of Birth:	Date of Death:	Date & Time of Interment: a.m. p.m.	State ID Tag #:
Cemetery Section:	Block:	Lot or Plot #:	Grave #:	Perpetual Care #:
				Cremation Full Burial

TO BE COMPLETED BY THE FUNERAL SERVICE PRACTITIONER:

Printed Name of Funeral Service Practitioner:	Signature of Funeral Service Practitioner:
Name of Funeral Establishment:	Address of Funeral Establishment:

CHARGES FOR INTERMENT, ETC:		Full Set Up?	Yes	No	Tent?	Yes	No
\$	Open/Close Grave	Urn Dimensions:					
\$	Open/Close Crypt	Comments:					
\$	Grave Space Purchase	Payment Method:					
\$	Perpetual Care Purchase	Cash	Check	Credit Card	To be Billed		
\$	Extra Labor (tent, etc.)	Charge to:					
\$	Total Due	Address:					
-\$	Payment Submitted						
\$	Balance Due						

FOR OFFICE USE ONLY:

Interment Authorization Received By: Initials Date/Time	Entered at Finance Department: Initials Date	Entered in Digital Map Records: Initials Date
Entered in Burial Record: Initials Date	Entered on Map: Initials Date	Signature of Sexton:

Please be advised: Unless otherwise approved by the City, a minimum of 48 hours notice must be given prior to any work being performed in the cemetery. An interment request must be completed in full and payment arrangements must be made prior to a burial occurring. This facility is licensed and regulated by the Oregon Mortuary & Cemetery Board (971) 673-1500.