

REQUEST AND AUTHORIZATION
FOR THE INTERMENT OF CREMATED REMAINS

I hereby request permission to hold a memorial ceremony and to bury the cremated remains of _____ (full name of the "Deceased") in the William & Mary Memorial Garden.

I certify that I am the person with the full legal right and authority to authorize the disposition of the remains of the Deceased. I understand and acknowledge that once the burial interment is completed, the ashes are not recoverable. I understand and acknowledge that the cremated remains of others may be buried in a similar manner in the Memorial Garden, and that the cremated remains of the Deceased may be inadvertently commingled with those of another person. I understand and acknowledge that the obligation of the William & Mary Alumni Association shall be limited to permitting the disposition of the cremated remains in the Memorial Garden as set forth herein.

I agree to release, hold harmless and indemnify the William & Mary Alumni Association, its affiliates and their agents, employees, successors and assigns from any and all loss, damage, liability or causes of action (including attorney's fee and expenses of litigation) in connection with the disposition of the cremated remains of the Deceased as authorized herein or respect to the identification of said cremated remains as being those of the Deceased.

Signature of Person Authorized

Date To Dispose of Ashes

Printed Name of Person Authorized To Dispose of Ashes

Street Address: _____

City, State, Zip Code: _____

Home Telephone/Cell Phone

Number: _____

Email address: _____

ALUMNI ASSOCIATION AUTHORIZATION

I hereby authorize the holding of a memorial ceremony and/or interment of the cremated remains of the Deceased in the William & Mary Memorial Garden

Name/Title Date