



Legends Funeral Home

101-B Centerpoint Rd., San Marcos, Texas 78666

512-256-1220 main/512-692-1919 fax

LegendsFuneralHome@gmail.com

DELEGATION OF INTERMENT/CREMATION AUTHORIZATION

Date: _____

Name of Authorizing Agent: _____

Address: _____

Relationship to the deceased person: _____

Name of Delegated Representative: _____

Address: _____

By signing this Delegation of Interment Authorization Form as the Authorizing Agent, I acknowledge that the Delegated Representative may serve as the Authorizing Agent and control the disposition of the remains.

Signed this _____ day of _____, 20_____.

(Signature of Authorizing Agent) **MUST BE SIGNED IN FRONT OF A NOTARY**

State of _____

County of _____

(Signature of Notary Public)

(Printed name of Notary Public)

seal

My commission expires:
