

# New Burial Rights Consent Form

## Riverside Cemetery and Wheeler Prairie Cemetery

I, the undersigned, certify that I am the owner, co-owner, or legally authorized heir of Section \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_ Grave \_\_\_\_\_ at \_\_\_\_\_ Cemetery and hereby consent to, approve, and direct the burial of those listed below.

Pursuant to Wis. Stat. §157.10(6), I agree to hold the City of Stoughton and its employees, agents, officers, contractors and representatives (“City”) harmless for the burial authorization granted hereunder and from any and all legal claims made or actions filed related thereto. I agree to indemnify and defend the City from any and all claims that may arise from this authorization.

### List of those who have consent to be buried at the grave listed above:

Full Name:	DOB:	Relationship to Owner:	Location/Grave:
Full Name:	DOB:	Relationship to Owner:	Location/Grave
Full Name:	DOB:	Relationship to Owner:	Location/Grave
Full Name:	DOB:	Relationship to Owner:	Location/Grave
Full Name:	DOB:	Relationship to Owner:	Location/Grave

Owners Legal Name: (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_