



**City of  
Santa Clara**  
The Center of What's Possible

**Santa Clara Parks and Recreation Department**  
Mission City Memorial Park  
420 N. Winchester Blvd.  
Santa Clara, CA 95050 | 408.615.3790  
[Cemetery@SantaClaraCa.gov](mailto:Cemetery@SantaClaraCa.gov)

## Authority to Act

The legal owner of interment rights at Mission City Memorial Park (MCMP), or her/his legal designee, is the authority to direct action on a grave, niche, or crypt. By signing below you are stating that you have the right, duty, and responsibility to take action on the grave named below including interments, dis-interments, marker or monument placement, removal or to make changes. You assert that the information stated here is true and correct under penalty of perjury under the laws of the State of California.

Original signature is required. If signed outside the presence of MCMP staff, signature is to be notarized. If owner is deceased a death certificate is to be submitted and next of kin contacted. Return original documents with wet ink signature to MCMP.

Indicate the action you are authorizing:

I authorize the interment of \_\_\_\_\_ in the below referenced grave/niche/crypt.  
(Name of decedent)

I authorize the disinterment of \_\_\_\_\_ in the below referenced grave/niche/crypt.  
(Name of decedent)

I authorize a grave marker be installed (\_\_\_), removed (\_\_\_), or changed (\_\_\_) in the below referenced grave/niche/crypt.

\_\_\_\_\_

Section/Block

\_\_\_\_\_

Row/Lot

\_\_\_\_\_

Grave/Niche/Crypt #

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Last Name

\_\_\_\_\_

First name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP

\_\_\_\_\_

Phone

\_\_\_\_\_

E-mail

**If signed outside the presence of MCMP staff, affix a NOTARY STAMP below.**