

## CEMETERY DIVISION, Department of Public Works, Burlington, Massachusetts

**INTERMENT ORDER**

The undersigned hereby requests and authorizes Cemetery Division, subject to its Rules and Regulations, to inter in Lot,

\_\_\_\_\_ Cemetery, Section \_\_\_\_\_ Grave Number \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ the remains of \_\_\_\_\_  
late of \_\_\_\_\_ died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
aged \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

I hereby certify that I am the (give relation) \_\_\_\_\_ of the above name deceased and that this is your authority to make disposition of the remains of said decedent as above indicated. I hereby certify and represent that I have the right to make this authorization and I agree to hold Burlington Cemetery harmless from any liability on account of said authorization and internment.

Signed \_\_\_\_\_ Address \_\_\_\_\_

Signed \_\_\_\_\_ Address \_\_\_\_\_  
(Owner or Legal Representative of Lot, Grave)

If representative,

give relation to original owner \_\_\_\_\_ Funeral Director \_\_\_\_\_

Owners or legal representatives should give personal attention to interment orders. The Cemetery is not responsible for orders and location of graves received by telephone. Interments cannot be made without the Board of Health and the properly signed orders. Forty-eight hours notice is required before interments can be made.