



TOWN OF HAMILTON CEMETERY DEPARTMENT

577 Bay Road
P. O. Box 429
Hamilton, MA 01936

TEL. (978) 468-5580
FAX (978) 468-5582

INTERMENT ORDER

The undersigned wishes on the _____ day of _____, 20_____, to deposit in Lot No. _____ Grave No. _____, owned by _____, the remains of _____ late resident of _____, who died at _____, on the _____ day of _____, 20_____. Place of birth, _____, on the _____ day of _____, _____.

I hereby certify that I am the _____ of the above named decedent and that this _____ Relationship is your authority to make disposition of the remains of said decedent as above indicated. I hereby certify that I have the legal right to make this authorization and I agree to hold the Town of Hamilton harmless from any liability on account of such authorization and interment.

Signed under the penalties of perjury this _____, day of _____, 20____

Signature Relationship to Lot Owner _____

Print Name

Address of Signor

The above signature witnessed by: _____, _____
Print Name Date

Signature

Funeral Director of: _____
Name of Funeral Home

Note: Each Interment order must be:

- accompanied by a burial permit or burial certificate,
- signed by the lot owner and after the death of the lot owner by one of their heirs or by some authorized person.