



**TOWN OF HAMILTON
CEMETERY DEPARTMENT**

577 Bay Road
P. O. Box 429
Hamilton, MA 01936
Tel: (978)626-5227
Email: dsheehan@hamiltonma.gov

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_____
_____ Relationship to Lot Owner _____.

Signature

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.