



CEMETERY COMMISSION
130 BILLERICA ROAD
CHELMSFORD, MA 01824-3162
978-250-5245

INTERMENT AUTHORIZATION

The undersigned hereby request and authorizes _____

Cemetery, subject to its Rules and Regulations, on the _____ day of

_____ 20__, to inter in a common grave, in Lot No. _____

Section _____ owned by _____ the remains

of _____ late of _____ who died at

_____ on the _____ day of _____ 20__ Age _____.

Dated at _____ this _____ day of _____ 20__.

I hereby certify that I am the Owner/Legal Representative of the above cemetery lot 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 legal right to make this authorization and I agree to hold Chelmsford Cemetery Department harmless from any liability on account of such authorization and interment

Signed (Owner or Legal Representative) _____

Print Name _____

Address _____

Phone # _____ Email _____

Funeral Services at _____ at _____ o'clock

Counter Signed _____ Funeral Director

This order, properly signed, must be presented at the Cemetery 24 Hrs. prior to burial.

Every order for interment must be signed by the Proprietor or their legal attorney; and after the decease of the proprietor, by the Legal Representative

Container Type: _____ Date _____

Signed: _____, Superintendent