Order for Disinterment

The undersigned wishes, on the __________ day of __________, 2_________, to inter, in Section ______ Lot No.______ Grave No.______ owned by ______________________________, the remains of ______________________ late of ______________________________ who died at ______________________ on the __________ day of ______ 2__________ Aged _______ years_______ months_______ days.

I hereby certify that I have the right to make this authorization, and agree to hold the Town of Dover and Highland Cemetery harmless from any liability on account of said authorization and interment.

Dated at ______________________ this __________ day of __________, 2___________

Signature ___________________________________________ Proprietor or authorized person
Please Print Name __________________________________________
Address __________________________________________
If not Proprietor please indicate relationship __________________________

Funeral Services at ______________________ on __________________ at ______ o’clock

Signature ____________________________________________ Undertaker

This order, properly signed, must be presented to the Cemetery no less than one full workday before the disinterment.

Every order for disinterment must be signed by the proprietor or, his or her legal attorney. If the Proprietor is deceased, the order must be signed by an authorized person.

Please designate precisely in what part of the lot the disinterment is to be made.

No disinterment shall be made until the fees have been paid and all paperwork properly completed and filed.

Highland Cemetery, PO Box 250, Dover, MA 02030   P: 508-785-1028   F: 508-785-8115
E-mail www.cemetery@doverma.org