Order for Interment

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 interment.

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 interment is to be made.

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

Highland Cemetery, PO Box 250, Dover, MA 02030  P: 508-785-1028  F: 508-785-8115