



**THE CATHOLIC CEMETERY ASSOCIATION, INC.**

**ARCHDIOCESE OF BOSTON**

**Interment Form**

The undersigned hereby request and authorizes \_\_\_\_\_ cemetery,

In \_\_\_\_\_ Massachusetts, subject to its Rules and regulations,

to inter the remains and allow the Inscription \_\_\_\_\_

Who died on \_\_\_\_\_ and

is (give relation) the \_\_\_\_\_

to the original Lot Owner \_\_\_\_\_ location \_\_\_\_\_.

Interred on \_\_\_\_\_.

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 \_\_\_\_\_ Cemetery harmless from any liability on account of such authorization and interment.

SIGNED (**owner or legal representative**) \_\_\_\_\_.

Address \_\_\_\_\_

PRINT NAME \_\_\_\_\_

If representative, give relation to original owner \_\_\_\_\_.

Date signed \_\_\_\_\_

COUNTER SIGNED \_\_\_\_\_, FUNERAL DIRECTOR

This order, properly signed, must be presented at the cemetery 24 hours before the funeral.

Every order for interment must be signed by the proprietor or his or her legal attorney; and after the decease of the proprietor, by the legal representative.

No grave will be open until this order is completed properly and presented to the superintendent.

Fax number 1.978.927.3087