



# The Catholic Cemetery Association

of the Archdiocese of Boston, Inc.

## Interment Form

The undersigned hereby requests and authorizes \_\_\_\_\_ Cemetery in \_\_\_\_\_, MA, subject to its Rules and Regulations to inter in Grave No. \_\_\_\_\_ Lot \_\_\_\_\_ Location \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the remains of \_\_\_\_\_ late of \_\_\_\_\_ died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, aged \_\_\_\_\_ years. Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

I hereby certify that I am the (give relation) \_\_\_\_\_ of the above named decedent 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** \_\_\_\_\_ **Address** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Address** \_\_\_\_\_

(Owner or Legal Representative of Lot, Grave)

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

Funeral Director \_\_\_\_\_

Owners or legal representatives should give personal attention to interment orders. The Cemetery is not responsible for orders and location of graves received by telephone. Interments cannot be made without the Board of Health permit and properly signed orders.