			who was a reside	nt of	····			
	DEATH	BIRTH	INTERMENT	Location and depth of BURIAL in lot to be as follows				
Date			,					
Hour	*******	*******						
Place			Lot, Crypt or Niche	Age at time of death	Years	Months	Days	
he rela	tionship of the deceas	sed to the original ow	ner of the lot is					
authoriz OF MO I fur CEME	cation, and that I am reland I am reland I am reland I am I a	ated to the deceased as in tess from any liability or accordance with Chapte UBURN offers the option	I am the LEGAL CUSTOD ndicated below. I further agree a account of said authorization or 114, Sec. 5B of the General on of services within a chapel aveside services with observa	ee to hold the PROI n. I Laws of Massachu at the Cemetery at	PRIETORS usetts, the PR an extra char	OF THE CER OPRIETORS ge, or gravesion	METERY S OF THE	

MOUNT AUBURN CEMETERY INTERMENT ORDER

Funeral Director

Relationship of Signer to Original Owner

Signature of Owner

*NOTE - In addition to the signature of the person having legal custody of the remains, this order must be signed by either an owner of the lot, grave, crypt, or niche in which final disposition is to be made or by a legally authorized representative. Joint tenants must both sign.

Address