

MOUNT AUBURN CEMETERY INTERMENT ORDER

To the Proprietors of The Cemetery of Mount Auburn

Date: _____

You are authorized to inter, subject to your Rules and Regulations, the remains of

_____, who was a resident of _____
and is _____ to the Original Owner of the Location

Date and Place of Death	Date and Place of Birth	Age at Death	Date and Time of Interment, Inurnment, or Entombment	Location

LEGAL CUSTODIAN AUTHORIZATION:

I certify and represent that I am the **LEGAL CUSTODIAN** of the remains and have the right to make this authorization, and that I am related to the deceased as indicated below. I further agree to hold the **PROPRIETORS OF THE CEMETERY OF MOUNT AUBURN** harmless from any liability on account of said authorization. I understand that if the deceased is placed directly into the earth in a biodegradable container or in no container that future disinterment or removal may not be possible and requires a determination by and special permission of the **PROPRIETORS OF THE CEMETERY OF MOUNT AUBURN**.

I further understand that, in accordance with Chapter 114, Sec. 5B of the General Laws of Massachusetts, the **PROPRIETORS OF THE CEMETERY OF MOUNT AUBURN** offers the option of services within a chapel at the Cemetery at an extra charge, or gravesite services without observation of the lowering of the casket or urn, or gravesite services with observation of the lowering of the casket or urn.

_____	_____	Address _____
Signature of Legal Custodian	Relationship to Deceased	_____
_____		Phone _____
Print name		Email _____

LOCATION AUTHORIZATION:

I authorize the above interment and certify that there is no objection by any Grantee of Interment Right/Heir/Representative.

_____	_____	Address _____
Signature of Grantee/Heir/Representative	Relationship to Original Grantee	_____
_____		Phone _____
Print name		Email _____
_____	_____	Address _____
Signature of Joint Tenant if applicable		_____
_____		Phone _____
Print name		Email _____

FUNERAL DIRECTOR ENDORSEMENT (if applicable):

I certify the above information to be correct to the best of my knowledge.

_____	_____
Signature of Funeral Director	Funeral Home

Print name here	