



Town of Belmont

Department of Public Works

Cemetery Division - Frank Sartori, Manager

121 Grove Street, Belmont, MA 02478

Phone: 617-993-2710 - Fax: 617-489-0344

ORDER FOR INTERMENT

BELMONT CEMETERY ___ *or* HIGHLAND MEADOW ___ DATE: _____
121 GROVE STREET, BELMONT, MA

The undersigned wishes, on the _____ day of _____, 2009 at _____ AM/PM
to deposit in a vault or liner box in Lot/Grave # _____, Section _____
at regular/deep/cremation depth owned by _____ the remains of

_____ late of _____
(If married woman, provide maiden name) (residence at time of death)

Date of Death: _____ Date of Birth: _____

Place of Death: _____ Cause of Death: _____

Age: (Years) _____ (Months) _____ (Days) _____.

Father's Name: _____ Mother's Maiden Name: _____

Spouse's Name: _____
(If wife, provide maiden name)

If Veteran: Branch of Service: _____ War: _____

Owner (or legal representative): _____
(To be signed by same--if married woman, provide maiden name)

Address: _____

Relationship to Deceased: _____

Undertaker: _____ Phone: _____
(To be signed by Undertaker)

Address: _____

This order, properly signed must be presented at the Cemetery Office 24 hours before the funeral. Every order for interment must be signed by the owner of the lot or grave or by his/her legal representative, and after the decease of the owner, by the authorized representative appointed either by heirs or the Cemetery Commissioners.

**ALL CHARGES MUST BE PAID AT THE OFFICE BEFORE INTERMENT
BURIAL PERMITS MUST BE PRESENTED TO THE OFFICE BEFORE INTERMENT**