



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

Office Use Only
Diagram Card
Owner Card
Deceased Card
CemeTech Entry
Deposit Check
Health Dept. Copy
Entry in 3 Books
Veteran's Y/N

ORDER FOR INTERMENT

_____ BELMONT CEMETERY, 121 GROVE STREET, BELMONT DATE: _____
_____ HIGHLAND MEADOW CEMETERY, 700 CONCORD AVENUE, BELMONT

The undersigned wishes on the _____ day of _____ Arrival Time _____

To deposit in a vault or liner box in Lot/Grave _____ Section _____

DEPTH: Regular/Deep/Cremation. **Owner Name:** _____ the remains of

_____ Late of _____
NAME ADDRESS, CITY, STATE

Date of Death: _____ Date of Birth: _____

Place of Death: _____ Cause of Death: _____

Age: Years _____

Father's Name: _____ Mother's Name: _____
(If applicable, also provide maiden name)

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

If Veteran: Branch of Service: _____ War: _____

PRINT: Owner/Spouse/Legal Rep. Name _____

SIGNATURE _____

ADDRESS,CITY,STATE: _____

Relationship to Deceased: _____

Funeral Home _____ Phone: _____

Address,City,State _____

Undertaker Signature: _____

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**

CHECKS PAYABLE: TOWN OF BELMONT