



CITY OF PROVIDENCE

Angel Taveras, Mayor

North Burial Ground

INTERMENT ORDER

The undersigned hereby request and authorizes North Burial Ground Cemetery, subject to its Rules and Regulations, to inter in \_\_\_\_\_, on

the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the remains of \_\_\_\_\_  
Lot# Section # Grave #

(Please Print Full Name of Deceased)

late of \_\_\_\_\_, who died in \_\_\_\_\_  
(City/Town, State) (Place of Death)

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at age \_\_\_\_\_. Dated this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_  
(City/Town, State)

I hereby certify that I am the \_\_\_\_\_ of the above named decedent  
(State Relationship)

and 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 right to make this authorization and I agree to hold North Burial Ground Cemetery harmless from any liability with regard to said authorization and interment.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

If representative, please provide relationship to original owner(s): \_\_\_\_\_  
Funeral Director: \_\_\_\_\_

**MAKE CHECK PAYABLE TO: "CITY OF PROVIDENCE"**

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 interments orders.  
Twelve (12) working hours notice is required before interment can be made.