

Municipal Maintenance Dept.
95 Charge Pond Road
Wareham, MA 02571

INTERMENT APPLICATION
TOWN OF WAREHAM

Tel. (508)295-5300
Fax. (508)295-6391

48 HOURS NOTICE REQUESTED FOR ALL GRAVE OPENINGS

Deceased Name: _____ Age: _____

Address: _____ City _____ State _____ Zip _____

Date of Birth: _____ Place of Birth: _____ Date of Death: _____

Gender: Male / Female Social Status: Married / Widowed / Single / Divorced Veteran: yes / no. Era _____

Father: _____ Mother: _____

Spouse: _____ Maiden Name of Deceased: _____

Funeral Home: _____ Contact Name: _____

Address: _____ City / town _____ State _____ Phone Number _____

Type of Burial (please circle): Casketed or Cremated Remains Burial: Box Vault Other (please specify) _____

Burial Vault Company Name & Phone Number: _____

Cemetery: _____ Section: _____ Lot: _____ Grave: _____

Requested Date of Burial: _____ Arrival time: _____ Service to begin at: _____

Applicant

(This section MUST be completed. Please Print and sign)

Name: _____ Phone number: _____

Address: _____ City _____ State _____ Zip _____

I / we hereby acknowledge that I / we have the legal right to arrange such burial. I / we authorize the Town of Wareham to perform such services for burial. I / we acknowledge that I / we have received a copy of the cemetery rules and regulations or will be provided one on the day of burial and to make them known to all and any heirs of said lot. I / we hereby agree to all rules, regulations and restrictions set forth by the Town of Wareham and its Boards or Departments. I / we understand that these rules have been adopted for the preservation of the natural environment, care and maintenance of said cemeteries. I/we also indemnify, defend and hold harmless the Town of Wareham its Employees, Boards, Departments and Cemetery Commissioners from any and all claims, demands, causes or causes of action, suits of every kind nature and description in law or equity including fees, costs or expenses of litigation for enforcing such rules and regulations. The Board of Cemetery Commissioners and the Town of Wareham and its Boards and Departments reserve the right to amend, adopt or to make temporary exceptions to these rules, regulations and restrictions. I/we understand all the charges and any OT charges that might be incurred and agree to the terms of payment set forth.

Signature: _____ Date: _____ Relationship to deceased: _____

I acknowledge receipt of the rules, regulations and restriction pertaining to the Town cemeteries. Initials _____

Authorized signature: _____ Date of Burial: _____

Cemetery: _____ Section: _____ Lot: _____ Grave: _____

Remarks: _____