



WAREHAM CEMETERIES
95 Charge Pond Road
Wareham, MA 02571
(508) 295-5300

INTERMENT AUTHORIZATION

The undersigned hereby requests and authorizes the Town of Wareham, Cemetery Division, subject to its Rules and Regulations,

to inter on the _____ day of _____ 20_____

The remains of _____ late of _____ (address)

who died at _____ on the _____ day of _____, 20_____ Veteran Yes____ No____

In Cemetery _____ Section _____ Lot No. _____ Grave No. _____

Age_____ I hereby certify that I am the _____ (state relationship)

of the above-named decedent, and that 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 the Town of Wareham and their cemeteries harmless from any liability on account of said authorization interment.

State relationship to original Licensee _____

Signed _____ Print _____

Address _____

Phone Number _____

Funeral Director (signature) _____

At least forty-eight hour notice is required before an interment will be made. Interment orders must be signed by the license holder or legal representative and after the decease of the license holder by all authorized person(s). No interments will be made without a Board of Health Permit, E-Permit and Death Certificate. The Cemetery will not be responsible for orders and location of graves received by telephone.

All fees must be paid at or before interment.