



Wareham Cemeteries
Work Order

Date: _____

Name of License Contact Holder: _____

Named of Deceased: _____

Relation to License Holder: _____

Date of Birth: _____

Deceased's Address: _____

Date of Interment: _____

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

Full: _____ Cremation: _____ Vault Type: _____

Vault Company: _____ Arrival Date/Time: _____

Funeral Home: _____

Funeral Home Contact: _____ Phone No: _____

Funeral in Church: _____ AM _____ PM Location of Church: _____

Arrival at Cemetery: _____ AM _____ PM

Price of Grave(s) \$ _____

Cost of Opening \$ _____

Saturday Opening \$ _____

Box/Vault Installation \$ _____

Foundation Costs \$ _____

Memorial Installation \$ _____

Additional Charges \$ _____

TOTAL \$ _____

REMARKS: _____

Legal Representative:

Name: _____

Address: _____

Phone No.: _____

Relationship: _____