



OFFICE OF  
CEMETERY COMMISSIONERS  
HIGHLAND CEMETERY  
P.O. BOX 250  
DOVER, MASSACHUSETTS 02030

## Order for Disinterment

The undersigned wishes, on the \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_, to inter, in Section \_\_\_\_\_ Lot No. \_\_\_\_\_ Grave No. \_\_\_\_\_ owned by \_\_\_\_\_, the remains of \_\_\_\_\_ late of \_\_\_\_\_, who died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_. Aged \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

I hereby certify that I have the right to make this authorization, and agree to hold the Town of Dover and Highland Cemetery harmless from any liability on account of said authorization and interment.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_

Signature \_\_\_\_\_ Proprietor or authorized person

Please Print Name \_\_\_\_\_

Address \_\_\_\_\_

If not Proprietor please indicate relationship \_\_\_\_\_

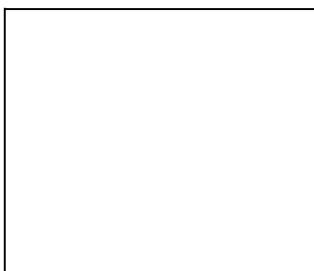
Funeral Services at \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ o'clock

Signature \_\_\_\_\_ Undertaker

This order, properly signed, must be presented to the Cemetery no less than one full workday before the disinterment.

Every order for disinterment must be signed by the proprietor or, his or her legal attorney. If the Proprietor is deceased, the order must be signed by an authorized person.

Please designate precisely in what part of the lot the disinterment is to be made.



***No disinterment shall be made until the fees have been paid and all paperwork properly completed and files.***