



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

Order for Interment

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 _____

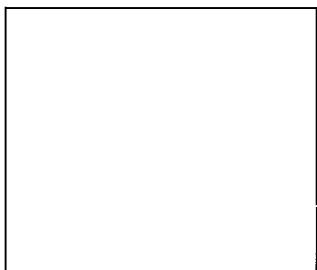
Funeral Services at _____ on _____ at _____ o'clock

Signature _____ Undertaker

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

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 interment is to be made.



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