

Application for Removal of Remains and/or Monument

We the undersigned, (names and
addresses) _____

Parents only child
Being the Widow and all the children, brothers, sisters, nephews, nieces, cousins, and
only heirs-at-law
Husband and next-of-kin

Specific Beneficiaries under the will of:

(Name of
decedent) _____

who died in _____ on _____ testate-
intestate

record owner of Lot Number _____ Graves _____ Section
Number _____

in said Highland Cemetery, hereby apply for permission to remove remains of
(name of
deceased) _____

-

for re-interment in

Monument on said burial lot for the purpose of

It is agreed that the Commission shall not be responsible for any defect in the
outside box or container or injuries or damage arising therefrom.

Attached hereto is a certified copy of the will of the deceased record owner as
allowed by the court.

Witness my/our hand and seal this

day of

2

Witness to signatures

Commonwealth of Massachusetts

, ss, (Name of City or town and date)

Personally appeared the above named _____ and acknowledged the foregoing to be his/her free act and deed before me.

Public My Commission Expires _____ Notary

Director I, _____ Funeral

Hereby make application for the removal of remains within named: _____ on behalf of interested parties, and agree to comply with the conditions herein and the rules and regulations of said cemetery.

I, _____ monument contractor

Hereby make application for removal of monument on within described burial lot on behalf of the interested parties, and agree to comply with the conditions herein and the rules and regulations of said cemetery.

AFFIX
NOTARY
SEAL