

Saint Patrick Cemetery
Lowell, MA

Saint Alary Cemetery
Tewksbury, MA

OFFICE
1251 Gorham St. Lowell, MA 01852-5297
Telephone (978)458-8464 Fax (978)458-4907

INTERMENT AUTHORIZATION

The undersigned hereby request and authorizes _____ Cemetery, in _____

Massachusetts, subject to its Rules and Regulations, to inter the remains and allow the inscription of _____

_____ who died on _____ and is (give relation) the _____ to

the original lot owner _____ Location: _____

interred on _____

I hereby certify that I am the **owner/legal representative** of the above cemetery lot 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 legal right to make this authorization and I agree to hold _____, Cemetery harmless from any liability on account of such authorization and interment .

Signed (**owner or legal representative**) _____ Address _____

Print Name _____

If representative, give relation to original owner _____

Date Signed _____

COUNTER SIGNED _____ FUNERAL DIRECTOR

This order, properly signed, must be presented at the Cemetery 24 hours before the funeral.

Every order for interment must be signed by the proprietor or his or her legal attorney; and after the decease of the proprietor, by the legal representative.

No grave will be opened until this order is completed properly and presented to the Superintendent.

Fax Number 1(978)458-4907