

HOLYHOOD CEMETERY – ST. JOSEPH CEMETERY

INTERMENT ORDER

The undersigned hereby requests and authorizes **HOLYHOOD CEMETERY ASSOCIATION**, subject to it's rules and regulations, to inter in **GRAVE/LOT # _____ SECTION _____ LOCATION _____** on the _____ day of _____, _____ **THE REMAINS OF _____** late of _____ died at _____ on the _____ day of _____, _____ aged _____ years dated at _____ this _____ day of _____, _____.

I hereby certify that I am the (give relation) _____ of the above named decedent 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 **HOLYHOOD CEMETERY ASSOCIATION** harmless from any liability on account of such authorization and interment.

Signed _____ Address _____
Owner or Legal Representative of Lot or Grave
Address _____

State relation to original owner _____ Funeral Director _____

Owners or legal representatives should give personal attention to interment orders. The Cemetery is not responsible for orders and location of graves received by telephone. Interment cannot be made without the Board of Health permit and properly signed orders.

A minimum of twenty-four hours notice is required for any interment.

HOLYHOOD CEMETERY ASSOCIATION 990 LAGRANGE ST WEST ROXBURY, MA 02132 (617) 327-1010 Fax (617) 327-0526