



Interment Order

Washington Street Cemetery (wsc)

Stetson Meadow Cemetery (smc)

Town of Norwell ~ Cemetery Department ~ Norwell, MA 02061

NorwellCemetery@townofnorwell.net

www.dpw.com

The undersigned hereby requests and authorizes Town of Norwell Cemetery Department, subject to its rules and regulations, to inter in

| | | | | |
|-------------------|--------------------------|----------------------|--------------------------|----------------------------------|
| Deceased Name: | _____ | _____ | _____ | _____ |
| | <i>Last</i> | <i>First</i> | <i>Middle</i> | <i>(Maiden)</i> |
| Deceased Address: | _____ | _____ | _____ | _____ |
| | <i>Street</i> | <i>Town, State</i> | <i>Zip Code</i> | |
| | _____ | _____ | _____ | _____ |
| | <i>Age</i> | <i>Date of Birth</i> | <i>Date of Death</i> | <i>Interment Date</i> |
| Cemetery Name: | _____ | Section: _____ | Grave/Lot: _____ | |
| Full Burial | <input type="checkbox"/> | Cremated Remains | <input type="checkbox"/> | Veteran <input type="checkbox"/> |
| War Served: | _____ | | | |

| | | | | |
|---|---|--------------------|-----------------|-----------------|
| Deed Owner Name: | _____ | _____ | _____ | _____ |
| | <i>First</i> | <i>Middle</i> | <i>Last</i> | <i>(Maiden)</i> |
| Deed Owner Address: | _____ | _____ | _____ | _____ |
| | <i>Street</i> | <i>Town, State</i> | <i>Zip Code</i> | |
| Deed Owner: | _____ | _____ | _____ | _____ |
| | <i>Phone #</i> | <i>Email</i> | | |
| <p>I hereby certify that I am the next of kin, or as duly authorized agent of the next of kin, or as executor or administrator of the Deceased's estate. (Relation to Deceased) _____ 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 Town of Norwell Cemetery Department harmless from any liability on account of such authorization and interment.</p> | | | | |
| Signed: <input checked="" type="checkbox"/> | _____ | _____ | _____ | _____ |
| | Owner or Legal Representative of Lot or Grave | | Date | |
| Print Name {Legibly}: | _____ | | | |

| | | |
|---|------------------|-------------|
| Funeral Director: <input checked="" type="checkbox"/> | _____ | Date: _____ |
| | <i>Signature</i> | |
| Funeral Home: _____ | Location: _____ | |

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 Burial Agents permit and properly signed orders. A minimum of twenty-four hours notice is required for any interment.