MOUNT AUBURN CEMETERY INTERMENT ORDER

To The Proprietors of The Cemetery of Mount Auburn Date_____

You are hereby authorized to inter, subject to your Rules and Regulations, the remains of

_____ who was a resident of _____

	DEATH	BIRTH	INTERMENT	Location and depth of BURIAL in lot to be as follows			
Date							
Hour	**********	**********					
Place			Lot, Crypt or Niche	Age at time of death	Years	Months	Days

The relationship of the deceased to the original owner of the lot is _____

I, the undersigned, hereby certify and represent that I am the **LEGAL CUSTODIAN** of the remains and have the right to make this authorization, and that I am related to the deceased as indicated below. I further agree to hold the **PROPRIETORS OF THE CEMETERY OF MOUNT AUBURN** harmless from any liability on account of said authorization.

I further understand that, in accordance with Chapter 114, Sec. 5B of the General Laws of Massachusetts, the **PROPRIETORS OF THE CEMETERY OF MOUNT AUBURN** offers the option of services within a chapel at the Cemetery at an extra charge, or graveside services without observation of the lowering of the casket, or graveside services with observation of the lowering of the casket.

Signature of Legal Custodian	Relationship of Signer to Deceased	Address

I hereby authorize* the above interment and certify that there be no objection by any owner.

Signature of Owner	Relationship of Signer to Original Owner	Address

***NOTE - In addition to the signature of the person having legal custody of the remains, this order must be signed by either an owner of the lot, grave, crypt, or niche in which final disposition is to be made or by a legally authorized representative. Joint tenants must both sign.**

Funeral Director _____