

**City of Salem, MA
Greenlawn Cemetery
~ INTERMENT ORDER ~**

The undersigned hereby requests and authorizes Greenlawn Cemetery, Salem, Massachusetts, subject to its Rules and Regulations, to inter in:

Grave No. _____ Lot No. _____ Location _____ on the _____

day of _____ the remains of _____

late of _____ who died at _____
(City & State of Last Residence)

on the _____ day of _____, aged _____
(Day) (Month) (Age)

Dated at _____ this _____ day of _____
(City, State) (Day) (Month/Year)

I hereby certify that I am the _____ (relationship) of the above named decedent and 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 Greenlawn Cemetery harmless from any liability on account of such authorization and interment.

Signature Address: _____

Printed Name _____

Owner or Legal Representative – Signature Address: _____

Owner or Legal Representative – Printed Name _____

If representative, provide relation to original owner: _____

Funeral Director: _____

Owners or legal representative should give personal attention to interment orders. The Cemetery is not responsible for orders and location of graves received by telephone. Interments cannot be made without the Board of Health permit & properly signed orders. Twenty-four hour notice is required before interments can be made.

THIS FORM MUST BE NOTARIZED