

The undersigned hereby requests and authorizes Cemetery Division, subject to its Rules and Regulations, to inter in Lot,

_____ Cemetery, Section _____ Grave Number _____

on the _____ day of _____ 20____ the remains of _____

late of _____ died at _____ on the _____ day of _____ 20____

aged _____ years _____ months _____ days. Dated at _____ this _____ day of _____ 20____

I hereby certify that I am the (give relation) _____ of the above name deceased 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 right to make this authorization and I agree to hold Burlington Cemetery harmless from any liability on account of said authorization and interment.

Signed _____ Address _____

Signed _____ Address _____

(Owner or Legal Representative of Lot, Grave)

If representative,
give 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. Interments cannot be made without the Board of Health and the properly signed orders. Forty-eight hours notice is required before interments can be made.