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OFFICE OF THE DIRECTOR
TOWN OF ROCKPORT
TOWN OFFICE BUILDING
34 BROADWAY
MASSACHUSETTS 01966-1537

INTERMENT ORDER

The undersigned hereby requests and authorizes _____
(Funeral Home)
subject to the Town of Rockport's Rules and Regulations, to inter the remains of

_____ in Beech/Locust _____ Cemetery,
(Name of Deceased)

Section _____, Lot _____, Grave _____ on _____
(Date of Interment)

I hereby certify and represent that I am the _____ of the above named
(Relation to Deceased)

Decedent and have the legal right to make authorization for the disposition of the remains of said Decedent. I agree to hold the Town of Rockport harmless from any liability on account of such authorization and interment.

Owner or Legal Representative of Lot

Signed _____ Address _____

Date _____

Signature of Funeral Director _____

Owners or legal representatives should give personal attention to interment orders. The Cemetery Division is not responsible for orders and location of graves received by telephone. Interments cannot be made without a Board of Health permit/Cremation Certificate and properly signed papers.