

# HARWICH CEMETERY DEPARTMENT

Robbin Marie Kelley, Administrator Phone (508) 430-7549 Mail -732 Main Street, Harwich, 02645/Office @ 100 Oak Street

## INTERMENT ORDER/Grave Marking Request

FAX completed form ASAP to: CEMETERY DEPT. @ 508-430-7598

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/20\_\_\_\_, \_\_\_\_  
First Name M.I. Birth/Maiden Name (if applicable) Last Name D.O.D. Age

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Cemetery Name/Lot Information Date/Time of Burial \*Grave #

\*Cremation in Full Burial lot locate burial@: \_\_ Head \_\_ Center \_\_ Foot

IS DECEASED A VETERAN? YES\_\_ NO\_\_

Has VA Military Marker been ordered? \_\_Yes \_\_No IF YES, mail completed form to: Harwich Cemetery Department

Please indicate: WWII\_\_ Korea \_\_ Vietnam\_\_ Gulf War \_\_Iraq\_\_ Air Force\_\_ Army\_\_ CG\_\_ Marines\_\_ Navy\_\_

Funeral Service Name & /Phone#: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Opening Contractor Name: \_\_\_\_\_ Vault **Required for Full Body Burial** \_\_\_\_\_

### AUTHORIZATION for BURIAL

I authorize the Town of Harwich to inter the remains of the deceased named above, and I certify that I am the *legal lot owner, heir, and/or representative*, and that I have the right to give this authorization, and agree to hold the **Town of Harwich** harmless from any liability on account of said authorization and interment.

PRINT NAME of Legal Representative: \_\_\_\_\_ RSHP. TO DECEDENT: \_\_\_\_\_

Signature of Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

6/27/2011

### REQUIRED AT BURIAL:

1) \$100.00 Administrative fee (payable to TOWN OF HARWICH) 2) CREMATION CERTIFICATE/BURIAL PERMIT