

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