



500 Canterbury St.
Roslindale, MA 02131
Tel. (617) 524-1036
Fax (617) 522-4646

INTERMENT AUTHORIZATION

The undersigned hereby requests and authorizes ST. MICHAEL CEMETERY subject to its Rules and Regulations, to inter on

..... day of 20

the remains of late of Address

who died at on the day of 20

in Grave No. Sec. No. Lot No.

Aged Years Months Days. I hereby certify that I am the
(state relationship)

of the above-named decedent, 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 St. Michael Cemetery harmless from any liability on account of said authorization interment.

Signed Address
(owner or legal representative of Lot, Grave)

State relationship to original owner

Funeral Director (signature)

At least twenty-four hours notice is required before an interment will be made. Interment orders must be signed by the proprietor or legal representative, and after the decease of the proprietor by all authorized person(s). No interments will be made without a Board of Health Permit. The Cemetery Association will not be responsible for orders and location of graves received by telephone. All fees must be paid at or before interment.