

City of Beverly

Engineering/Cemetery Department

191 Cabot Street
Beverly MA 01915
978.605.2352
978.921.6003 (fax)



Order for Interment

Decedent's Name _____

Funeral Home _____

rev 11.24.15

The Undersigned wishes, on the _____ day of _____, 20____, to inter in Lot Number _____

Plan Section Subdivision number _____ located at Central North Beverly Beverly Farms Cemetery.

Standing in the name of _____ the full body cremated remains of

(Lot Owner)

_____, late resident of _____, _____, who died

at _____, on the _____ day of _____, 20____ at age _____, and was born at

_____. Deceased was: Married Widowed Single Divorced

Procession to arrive at the above identified Cemetery at _____ O'clock.

I hereby certify that I am the (give 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 further certify that I have the legal right* to make this authorization and agree to hold the City of Beverly harmless from any liability on account of such authorization and interment.

Signature _____ Printed Name _____

Address _____ Phone _____

Relationship to Lot Owner _____ Witnessed by: _____ Date: ____/____/____

**Note: Every order for interment must be signed by the lot owner, and after the decease of said owner, by one of the heirs to the lot, or some otherwise authorized person.*

Office Use:

Invoice #: _____

Interment # _____

Sale of Lots: \$ _____

Endowment: \$ _____

Opening: \$ _____

Arrangement: \$ _____

Premium: _____ \$ _____

Premium: _____ \$ _____

Total Due: \$ _____

Special Instructions:

Standard Vault Way Vault

Military Presence Yes No

Notes:

Grave Information

(office use)

Important Notice: This Interment Order is not considered authenticated until the information is confirmed by a member of the City of Beverly Cemetery Staff

Office Use: CONFIRMED WITH: _____

DATE: _____

TIME: _____ BY: _____