

**Town of Chatham
Department of
CEMETERY COMMISSION**

221 Crowell Road, Chatham, Ma. 02633

Telephone: (508) 945-5117 Email: cemetery@chatham-ma.gov Fax: (508) 945-5152

INTERMENT FORM

This Form Must be Completed, Signed, and Returned - Prior to the Burial

Please note: The original "Disposition, Removal or Transportation Permit", and the Certificate of Cremation Permit are requested, prior to the burial. The administrative fee of \$100.00 for full burials, or \$75.00 for each cremation, payable to the Town of Chatham, Cemetery Division, as well.

Name of Deceased: _____ Date of Birth: __/__/__

Location of Death: _____ Date of Death: __/__/__

Funeral Home: _____ Contact Person: _____ Telephone # _____

Burial Date: _____ Time: _____ Cremation: ___ Full: ___ Permits Attached: _____

Veteran: ___ Branch Served: _____ Documents Attached: _____ Wampanoag _____

Cemetery: _____ Lot # _____ Section: _____ Lot Owner's Name: _____

No Permanent Plantings are Permitted - Refer to the Rules and Regulations for More Information

On said Lot, Please Furnish Specific Burial Instructions:

Excavating Company for the Grave Opening and Closing:

Name of Family Member or Legal Representative of the Deceased:

I, _____ certify, I am the Legal Representative to the deceased.

Print Name

Relationship to the Deceased: _____

Mailing Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

PRIOR TO THE BURIAL, IF THE FAMILY CANNOT BE PRESENT DURING THE MARKINGS, OR PROVIDE US WITH A SKETCH OF PLACEMENT OF THE STAKING, THE COMMISSIONERS WILL TAKE THE LIBERTY OF STAKING THE LOT. ONCE THE BURIAL IS COMPLETED, AND IF THE FAMILY IS NOT SATISFIED WITH THE PLACEMENT OF THE DECEASED, IT WILL BE THE FINANCIAL RESPONSIBILITY OF THE FAMILY TO RELOCATE THE REMAINS.

I, HEREBY CERTIFY AND REPRESENT THAT I HAVE ALL RIGHTS TO AUTHORIZE THIS BURIAL AND AGREE TO HOLD THE TOWN OF CHATHAM HARMLESS FROM ANY AND ALL LIABILITIES ON ACCOUNT OF SAID AUTHORIZATION OF INTERMENT.

SIGNATURE OF LEGAL REPRESENTATIVE

DATE

