



DEPARTMENT OF PUBLIC WORKS,
Michael A. Fowler, P.E., Director

INTERMENT ORDER

The undersigned requests and authorizes the Town of Derry subject to the Rules and Regulations, of the Forest Hill Cemetery, to inter in Grave Number _____ Lot _____ Section _____

on the _____ day of _____, _____ the remains of _____
Name of Deceased

Late of _____ died at _____ on the _____ day
of _____, _____. Age: _____ Years: _____ Months: _____ Days: _____.

I hereby certify that I am the (give relation) _____ 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 legal rights to make this authorization and agree to hold The Town of Derry, New Hampshire and the Forest Hill Cemetery harmless from any liability on account of such authorization and interment.

Signed: _____
Owner or Legal Representative *Witness* *Date*

Address: _____

If legal representative, give relation to original owner: _____

Owner or legal representative should give personal attention to interment orders. The Forest Hill Cemetery and the Town of Derry, Derry, New Hampshire is not responsible for orders and location of graves received by telephone. Interments cannot be made without the Board of Health Permit. Twenty-four hours' notice is required before interment can be made.

Signed: _____
Notary Public *Date*