

Date.....

No.....

# INTERMENT ORDER

## Barrington Town Cemetery Commission

The completed form is to be presented not later than the day of interment.

The Cemetery Commissioners are hereby requested and authorized to accept the body, (cremated remains) of:

.....  
for interment in: Grave..... Lot..... Sec..... in ..... Cemetery.

Said space belonging to:.....

The deceased was:

A Barrington resident       A former Barrington Resident       Neither

The deceased was:

Proprietor of the lot       The spouse of the proprietor       An heir-at-law of the proprietor

Date of Birth.....

Place of Birth.....

Married       Single       Widowed       Divorced

Father's name .....      Mother's maiden name .....

Spouse's name:.....      Address.....

Place of death.....      Date of death.....

I am (We are) authorized to sign this Order for Interment by virtue of the fact that I am (We are):

- Surviving spouse of the deceased
- All of the surviving children of the deceased
- The legal representative (Describe .....) )

I (We) further certify that the foregoing statements are true. I (We) jointly and severally agree to indemnify and hold harmless the Cemetery and the funeral director designated herein from any and all loss or damage (including reasonable attorneys' fees) sustained by the Cemetery and the funeral director on account of claims of others arising out of actions taken by the Cemetery or funeral director in reliance on these statements and in connection with the interment.

Signature.....      Address.....

Signature.....      Address.....

Signature.....      Address.....

### Grave Order:

Name of Deceased:.....

Grave.....      Lot.....      Sec.....

In..... Cemetery

Date of Interment.....      Time of Interment.....

Size of vault or concrete liner.....

Special Arrangements.....

Funeral Home in charge.....

Funeral Director's Signature.....