



DEPARTMENT OF PUBLIC WORKS

873 Massachusetts Avenue
Boxborough, Massachusetts 01719

dpw@boxborough-ma.gov www.boxborough-ma.gov

INTERMENT ORDER

Decedent Name: _____

Decedent Address: _____

Date of Death: _____ Date of Birth: _____

Date of Birth:

Veteran: _____ Branch: _____ Theater: _____

Interment Date: _____ Hour: _____

Section _____ Lot # _____ Grave # _____

Full Burial or Cremation: _____

Funeral Director: _____ Phone: _____

Lot Owner: _____ Residence: _____

Applicant: _____ Relation to Owner: _____

Applicant Phone: _____ Email: _____

I hereby certify that I have full legal authority to arrange for the interment of the deceased in the aforementioned lot:

Applicant Signature _____ Date _____

Date _____

For DPW Use Only

Cemetery Superintendent Signature Date

Date