



# *City of Fitchburg, Massachusetts*

## **PUBLIC BURIAL GROUNDS**

115 Mt. Elam Road  
Fitchburg, Massachusetts 01420  
978.345.9578 Fax: 978.345.9686

**Jaquelyn R. Poirier  
Superintendent of Cemeteries**

## Interment Order

**Deceased's Name:**

Address: \_\_\_\_\_

Full Burial      Cremated Remains      Male      Female      Date of Death: \_\_\_\_\_

Interment/Entombment Date: \_\_\_\_\_ Veteran War Served/Branch: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Order Date: \_\_\_\_\_

Columbarium Unit #: \_\_\_\_\_ Niche #: \_\_\_\_\_ Urn Type/Size: \_\_\_\_\_

Lot/Grave #: \_\_\_\_\_ Section: \_\_\_\_\_ Avenue/Path: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Church \_\_\_\_\_ Funeral Home \_\_\_\_\_ Graveside Hour: \_\_\_\_\_

Lot Owner:

Residence: \_\_\_\_\_

Relationship of Signer to Owner:

Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions (Examples: on top of, beside husband/wife, clean dirt and shovel needed):  
\_\_\_\_\_  
\_\_\_\_\_

## **Acknowledgement, Agreement and Release**

1. I hereby certify that as the next of kin, or as duly authorized agent of the next of kin, or as personal representative of the Deceased's estate, I have full legal authority to arrange for the interment / inurnment/ entombment of the Deceased.
2. I further understand and agree that, unless signing as personal representative, I am assuming personal liability for all cemetery charges, including any prior amounts due and owing the City of Fitchburg Cemetery Department on the grave/lot/crypt/niche where the Deceased is to be interred/entombed, and that this is in addition to the liability imposed by law upon the estate of the Deceased.
3. I understand and agree the City of Fitchburg Cemetery Department shall not be responsible for any order given by telephone or any mistake occurring from want of proper instructions as to the size of the vault/urn/casket, or as to the particular grave location where interment/entombment is to be made, and that the Cemetery Department reserves the right to make an equitable charge whenever additional labor costs result from such mistakes.
4. It is also my understanding that failure to pay all Cemetery charges in connection with the burial of the above named Deceased prior to interment/entombment as above specified will allow the Cemetery Superintendent or her designee to postpone the interment/entombment until such time as all Cemetery charges past and current are satisfied. If there is the case of a Funeral Provider/Individual endorsing this document as an agent on the behalf of a family, it would be well advised of the agent to contact the Cemetery Department, City of Fitchburg to verify if there were any unpaid Cemetery Charges including outstanding Perpetual Care or other unpaid charges associated with the grave/lot/crypt/niche in question. The agent endorsing this document as an agent for the family will assume liability for all unpaid Cemetery charges related to the grave/lot/crypt/niche for the above named deceased.
5. There will be no graves/crypts/niches opened for burial/entombment unless this Interment Order and Acknowledgment, Agreement and Release Form is completed in full, signed, and presented via email, in person or via fax to 978.345.9686 to Forest Hill Cemetery no less than Thirty (30) hours prior to the interment/inurnment/entombment. Additional time may be required during winter months. Orders for Monday A.M. interment/inurnment/entombment must be delivered by 11:00 A.M. Friday morning. Interments/entombment for all weekend days and Holidays and after 3:00 P.M. Monday through Friday will incur extra charges.
6. Finally, I hereby release the City of Fitchburg Cemetery Department and its agents from, and agree to indemnify the Cemetery and its agents for any, and all liability and expense, including attorney's fees, court cost, incurred in connection with the services to be rendered by the Cemetery and its recovery of payment for such services, except for any such liability or expense caused by the negligence of the Cemetery or its agents themselves.
7. Additional documentation may be required to verify Lot Ownership and/or Residency. The City of Fitchburg requires payment in full for all opening costs for interments and/or grave/lot and prior unpaid cemetery charges prior to day of interment. No interments will proceed without all due and payable Cemetery charges paid in full prior to the interment. No partial payments accepted. No monuments/flat markers/decorative name plates may be placed on any grave/lot/crypt unless all Cemetery charges are paid in full. All Cemetery charges past and current are payable at the Forest Hill Cemetery office. All overtime arrangements will incur additional charges.

**Next of Kin Information**

Order # Office use only: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

PRINT (First and Last Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_