

**STOWE CEMETERY COMMISSION**

**P.O. BOX 730**

**67 MAIN STREET**

**STOWE, VT 05672**

**Phone (802) 253-6133**

**Fax (802) 253-6143**

**INTERMENT ORDER**

The undersigned hereby requests and authorizes Stowe Cemeteries, subject to its rules and regulations, to inter on (BURIAL DATE) \_\_\_\_\_, 20\_\_\_\_, at

\_\_\_\_\_A.M./P.M.\*\***(After-hours/weekend charges may apply)**

In Stowe's \_\_\_\_\_ Cemetery, in Section No. \_\_\_\_\_ Lot No. \_\_\_\_\_

**(Please be sure to complete the next page with details of exact location within lot or group of lots.)**

\_\_\_\_\_ Full casket burial      \_\_\_\_\_ Cremated remains burial      Veteran: \_\_\_yes \_\_\_no

Size of Urn/Vault \_\_\_\_\_

10' x 10' canopy available (\$100 rental fee): \_\_\_\_\_yes      \_\_\_\_\_no

Contact info for day of burial (name & cell #) \_\_\_\_\_

**\*\*In the event of delay or change of plans, emergency contact for Stowe Cemeteries is 802-793-6811\*\***

Name of deceased: \_\_\_\_\_, late of (address at time of death) \_\_\_\_\_, who died at (City/Town and State where death occurred) \_\_\_\_\_ on (date) \_\_\_\_\_.

I hereby certify that I am the (state relationship) \_\_\_\_\_ of the above named decedent, and that this is your authority to make disposition of the remains of said decedent as indicated above. I hereby certify that I have the right to make this authorization, and I agree to hold Stowe Cemeteries, the Town of Stowe, and its officials and employees harmless from any liability on account of said authorization and interment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Relationship to original deed holder: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

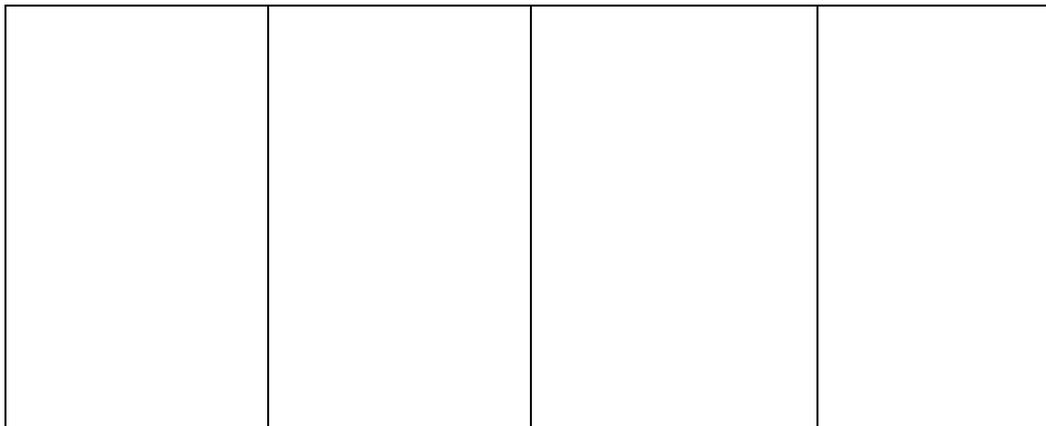
In the absence of any religious strictures, at least twenty-four hours notice is required before an interment will be made. **All fees must be submitted with this interment order.**

Received by Clerk's Office: \_\_\_\_\_ Received by Cemeteries Superintendent: \_\_\_\_\_

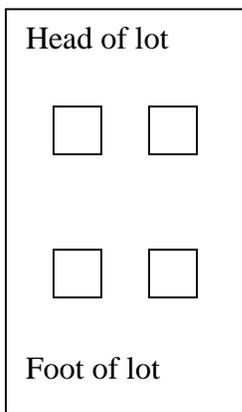
Fee Paid: \_\_\_\_\_

In order to assure that remains are interred where desired, please give directions concerning exact location. Please feel free to add any details such as markers, “next to”, “to the right (or left) of”, or “between” descriptions to make this as clear as possible. In some of the older sections of the cemeteries, the lots may not fit the diagrams below. You may modify these diagrams, or draw your own diagram if needed or desired.

**FULL BURIAL:** If a group of lots is involved, please indicate exact location within the group.



**CREMATED REMAINS:** Up to four cremated remains may be interred in a single 4' X 12' lot. Please indicate on the diagram below: (1) which space within the lot you request for this interment, and (2) the dimensions of the urn vault or urn that will be placed.



**MEMORIAL GARDEN LOT:** Please indicate on the diagram below: (1) which space within the lot you request for this interment, and (2) the dimensions of the urn vault or urn that will be placed.

