



STOWE CEMETERY COMMISSION
 PO BOX 730 / 67 MAIN STREET
 STOWE, VERMONT 05672
 Phone (802) 253-6133
 Fax (802) 253-6137
 cemetery@stowevt.gov

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. **** (Winter Burial charges may apply)**

In Stowe's _____ Cemetery, in Section No. _____ Lot No. _____, which was originally purchased by _____.

(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

Measurements: Size of Urn/Vault _____

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

****In the event of delay or change of plans, emergency contact for Stowe Cemeteries is (802) 730-6144****

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 _____

Funeral Director: _____

Address _____

Phone number _____ Email _____

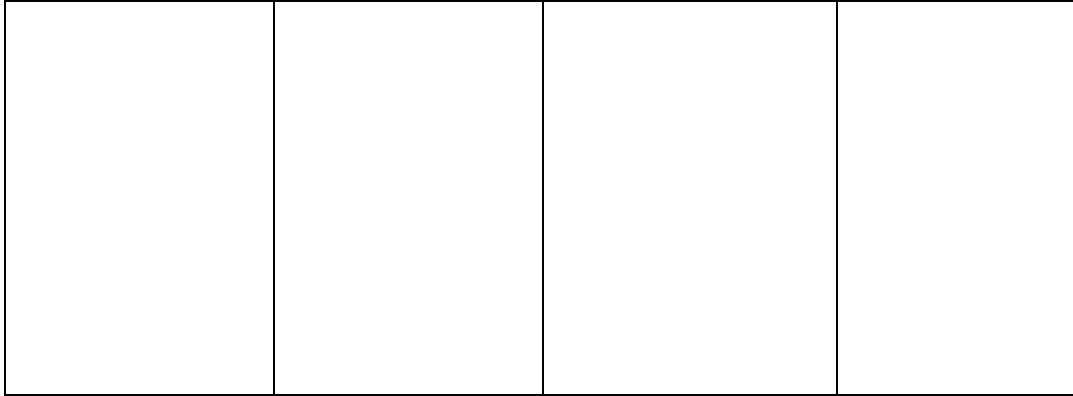
In the absence of any religious strictures, at least twenty-four hours' notice is required before an interment will be made.

All fees must be submitted with this interment order.

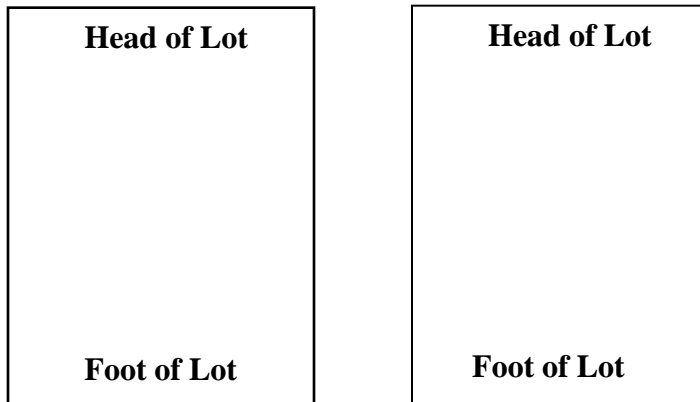
Disclaimer: The Rules & Regulations of the Town of Stowe Cemetery require the purchase of corner markers for all lots at the time of purchase or upon interment if not already in place. Additional fees may be required.

In order to ensure that the remains are interred where desired, please give directions concerning the 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.

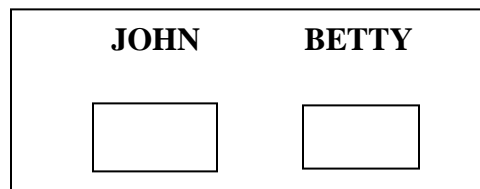
FULL BURIAL: If a group of lots is involved, please indicate the exact location within the group.



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. Bear in mind, a standard flush marker is 24" wide by 12" top to bottom.



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.



OFFICE USE ONLY

Rec'd by Clerk's Office: _____ Rec'd by Superintendent: _____ Fee Paid _____