

THE PROPRIETORS OF SWAN POINT CEMETERY

PROVIDENCE, RHODE ISLAND

ORDER FOR INTERMENT

The completed form must be presented to the Cemetery no later than the day of the interment.

Swan Point Cemetery;

No. ....

Date .....

Is hereby authorized to accept the body of .....

For interment in (location) .....

Belonging to .....

Place of Birth ..... Date .....

Age ..... Late Residence .....

Father's Name .....

Mother's Maiden Name .....

Married to .....

Place of Death ..... Date of Death ..... (Maiden Name)

Cause of Death .....

Funeral Director .....

Vault Size .....

Date of Funeral ..... Time .....

I am / we are authorized to sign this Order for Interment because I am / we are:

- ( ) The surviving spouse of the deceased.
( ) All of the surviving children of the deceased and the deceased left no surviving spouse.
( ) Other (describe) .....

The deceased was:

- ( ) The Proprietor.
( ) The spouse of the Proprietor.
( ) The spouse of a child of the Proprietor.
( ) An heir-at-law of the Proprietor.
( ) Other (describe) .....

I/ we 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 .....

No. ....

**INTERMENT ORDER**

Signature

Address

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