

DECLARATION OF INTENT REGARDING INTERMENT

(This form is designed for use when Massachusetts law applies)

OF

(Print Full Name of Person)

To my family/and or all those concerned with making decisions and arrangements upon my death. I, _____ direct that my body be given a cremation or traditional casket burial. I appoint the following Authorized Agent to act on my behalf to carryout my burial arrangements.

Authorized Agent _____

(print full name of person you designate)

Address _____ Relationship _____

City/State/Zip _____ Telephone _____

Note: *The Authorized Agent must be an individual and not a corporate entity.*

I direct all those concerned with making decisions upon my death to respect my wish and arrange for my burial as directed below.

Name of Funeral Home _____

Address _____

City/State/Zip _____ Telephone _____

[] I have purchased interment space at Mount Auburn Cemetery, and wish to be interred there. Location _____

[] I otherwise have provided, or will provide, for interment space to be purchased on my behalf at Mount Auburn Cemetery and wish that such space be purchased by my estate as administrative expense if I have failed to purchase such space prior to my death.

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- [] I have provided, or will provide, for the purchase of a perpetual care contract for the interment space on my behalf at Mount Auburn Cemetery and wish that such contract be purchased by my estate as administrative expense if I have failed to purchase such care prior to my death.
- [] I have provided, or will provide, for the purchase of a Memorial Bench or Tree Plaque on my behalf at Mount Auburn Cemetery and wish that such space be purchased by my estate as administrative expense if I have failed to purchase such memorial prior to my death.
- [] I hereby bequeath the sum of _____ dollars or _____ % of my estate (*or description of other securities or property*) to the Friends of Mount Auburn Cemetery, 580 Mount Auburn Street, Cambridge, MA 02138. For more information or to learn other ways to make an estate gift, please call Jane Carroll at 617-607-1919.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ____ day of _____, 20 .

Print Name of Principal _____

Signature of Principal Name _____

Address _____ City _____

State _____ Phone _____

Commonwealth of Massachusetts

County _____

On this ____ day of _____, 20 , before me _____, proved to me through satisfactory evidence of identification to be the person whose name is signed above, and acknowledged to me that s/he signed it voluntarily for its stated purpose.

Notary Public

Commission Expires _____

It is suggested that this Declaration of Intent Regarding Interment be given to the agent named above, the funeral director and the original copy to Mount Auburn Cemetery at time of death.