

# ORDER TO DISINTER AND REMOVE REMAINS FROM MOUNT AUBURN CEMETERY

To The Proprietors of The Cemetery of Mount Auburn:

You are hereby authorized and instructed, subject to your Rules and Regulations, to disinter and remove the remains of

from	Date	Hour
and deliver the remains to		of
for interment in		

I, the undersigned, hereby certify and represent that I am the legal custodian of the remains and have a right to make this authorization, and that I am related to the deceased as indicated below. I further agree to hold the PROPRIETORS OF THE CEMETERY OF MOUNT AUBURN harmless from any liability on account of said authorization.

SIGNATURE OF LEGAL CUSTODIAN

RELATIONSHIP TO DECEASED

DATE SIGNED

ADDRESS

I hereby authorize the above disinterment and removal from

Approved

Superintendent

SIGNATURE OF OWNER OR REPRESENTATIVE

D A T A

DATE OF BIRTH

DATE OF DEATH

ADDRESS

DATE OF ORIGINAL INTERMENT

AGE AT TIME OF DEATH

Years

Months

Days

The signature is required of the owner or Representative of the interment space from which removal is made.

FORM BC-05 1M-11-48