



CITY OF LANCASTER

HILLSIDE CEMETERY
206 S. MADISON ST.
LANCASTER, WI 53813

Interment Order

The Undersigned hereby requests and authorizes the Hillside Cemetery in Lancaster, Wisconsin, subject to its Rules and Regulations, to inter the remains and allow the interment of _____ in Lot Number _____ who died on _____ (Date of Death) and is to be interred on _____ (Date of Burial).

I hereby certify that I am the owner or legal representative of the above cemetery lot and that this is your authority to make disposition of the remains of said decedent as above indicated. If you are not the lot owner, give relation to the original lot owner _____ .

I hereby certify and have the legal right to make this authorization and I agree to hold the Hillside Cemetery, its staff and Commission harmless from any liability on account of such authorization and interment.

Authorized Representative Signature: _____

Print Name: _____

Address: _____

Relationship: _____ Phone number: _____

Date Signed: _____

Funeral Director Name: _____

Funeral Director: _____

Address: _____

Every order for interment must be signed, completed and presented to the City Hall Office 48 hours before burial takes place.