



HILLSIDE CEMETERY INTERMENT ORDER

The Undersigned hereby requests and authorizes Hillside Cemetery in Lancaster, Wisconsin, subject to its Rules and Regulations, to inter the remains and allow the interment of _____

in Addition _____, Lot _____, Space _____ 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 space and that this is your authority to make disposition of the remains of said decedent as above indicated. If you are not the space owner, give relation to the original space owner _____.

I hereby certify and have the legal right to make this authorization and I agree to hold 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.