



**CEMETERY TRUSTEES
TOWN OF FITZWILLIAM, NH
Interment Request Form**

The remains of _____ are to be interred in Lot _____ in the _____ Cemetery on _____ (date) at _____ (time). Interment will preferably (if space allows) be in the grave location indicated below. (Note: Time and date subject to availability of cemetery personnel and other scheduling factors.)

Cremation Lot

A	D
B	E
C	F

Double Lot

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Triple Lot

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Interment: Full Burial – requires vault Notes: _____

Cremation Burial - requires permanent container, see Rules & Regulations

 Cremation Notes: _____

Funeral Director & Contact Info: _____

Other Instructions (include type of cremation container/vault):

The undersigned warrants that either:

the undersigned holds interment rights to the lot (as recorded in the cemetery records), or

the undersigned represents the holder of said interment rights or is otherwise authorized to order this interment (explain and document) _____

The undersigned agrees to hold harmless the Town of Fitzwilliam and its agents/employees in the completion of this interment order.

Printed Name: _____

Signature: _____ Date: _____

Submit this completed form to Fitzwilliam Sexton: Hand deliver to Fitzwilliam Town Hall, mail to Fitzwilliam Sexton, Town of Fitzwilliam, PO Box 725, Fitzwilliam, NH 03447, fax to 603-585-7744. Contact Email:

fitzcemetery@fitzwilliam-nh.gov