

321 High Street
Canton, MA 02210

KNOLLWOOD MEMORIAL PARK
AUTHORIZATION FOR INTERMENT

www.knollwoodmemorial.com
781-828-7218

Interment No. _____ 20_____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of:

_____ (Deceased)

In Garden _____ Lot No. _____ Space No. _____

Liner Vault Date of Death _____ Date of Birth _____

Gender _____ Spouse _____ Age _____

In the event that the exact location for the interment is not specifically designated above, I authorize and instruct you to select a location according to your sole discretion.

I hereby certify and represent that I have the right to make this authorization; and I agree to hold Knollwood Memorial Park harmless from any and all liability on account of said authorization and interment.

Signature _____ Printed Name _____

Address _____ City _____ State _____

Relationship to Deceased _____ Tel. No. _____ Email _____

Funeral Director _____ Total Cost _____