

**Factory Point Cemetery Association**  
**6039 Main Street**  
**Manchester Center, VT 05255**

**Interment Order**

The undersigned hereby requests and authorizes the Factory Point Cemetery Association, subject to its rules and regulations, to inter on;

Burial Date: \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ (AM/PM) in  
Factory Point Cemetery in Section: \_\_\_\_\_, Row: \_\_\_\_\_, Lot: \_\_\_\_\_, Grave: \_\_\_\_\_. Full  
Burial \_\_\_ Cremation \_\_\_

Deceased: \_\_\_\_\_, late of (address)  
\_\_\_\_\_, who died at  
\_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I hereby certify that I am the (state relationship) \_\_\_\_\_ of the above named decedent, and that this is your authority to make disposition of the remains of said decedent as indicated above. I hereby certify that I have the right to make this authorization and I agree to defend, hold harmless and indemnify the Factory Point Cemetery Association, the Town of Manchester and its officials and employees from any claim of liability on account of said authorization and interment.

Signed: \_\_\_\_\_, Deed Holder or Legal Representative

Print Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Relationship to original deed holder: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Funeral Director: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**At least twenty-four hours notice is required before interment will be made. All fees must be paid before interment.**

Received for the Factory Point Cemetery Association by \_\_\_\_\_  
Title: \_\_\_\_\_