



**APPLICATION AND WAIVER OF LIABILITY
FOR
REMOVAL OF REMAINS**

I, _____ Relationship: _____
to (Name of Decedent) _____ who died in _____
on _____ and is buried at
Section # _____ Lot # _____ Grave (s) # _____
in _____ Cemetery located in Taunton, Massachusetts hereby apply for
permission to remove the body of _____ for re-interment in:

It is agreed that the City of Taunton and/or its employees **shall not be responsible** for any defect, injuries,
or damages in the outside container or to the remains of the deceased arising from the exhumation.

Name: _____ Date: _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally
appeared _____, who proved to me through satisfactory evidence of
identification, which was/were _____, to be the person whose name is signed on the
preceding document in my presence.

Notary

My Commission Expires:

BY FUNERAL DIRECTOR:

I, _____ funeral director, of _____
Funeral Home located in _____ hereby make application for
removal of remains of within named _____ on
behalf of the interested party and agree to comply with the conditions herein and the rules and regulations
of the City of Taunton.

Signed Under the Pains and Penalties of Perjury

Name: _____ Date: _____