



# INTERMENT CERTIFICATE

## CITY OF TAUNTON PARKS, CEMETERIES, AND PUBLIC GROUNDS

170 HARRIS STREET  
TAUNTON, MA. 02780

OFFICE 508-821-1415  
FAX 508-821-1065

(Funeral Directors are requested to fill out this section of the certificate and to present it to the Commissioner of Cemetery in which interment takes place. No burial will be permitted until the certificate is presented.)

**Kindly print or type**

Full Name of deceased \_\_\_\_\_

Late Residence \_\_\_\_\_

Sex \_\_\_\_\_ Social state \_\_\_\_\_ Born (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

Birthplace \_\_\_\_\_ Died (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

Age: \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. (If less than a day: \_\_\_\_\_ hours \_\_\_\_\_ minutes.)

Husband's name or wife's maiden name \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's maiden name \_\_\_\_\_

Informant's name \_\_\_\_\_ Address \_\_\_\_\_

Cause of death \_\_\_\_\_ Funeral Director Name \_\_\_\_\_

(Section to be filled in by Office.)

Buried (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Cemetery \_\_\_\_\_

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Section \_\_\_\_\_ C Box \_\_\_\_\_ Vault \_\_\_\_\_

Cremation \_\_\_\_\_

\_\_\_\_\_  
Commissioner of Parks, Cemeteries & Public Grounds