

Cemetery Burial and Monument Placement Notification  
Form

Decedent's Information

Decedent's Full Name: \_\_\_\_\_

Decedent's Date of Birth: \_\_\_\_\_

Decedent's Date of Death: \_\_\_\_\_

Date of Burial: \_\_\_\_\_

Burial Type:   \_\_\_ Casket   \_\_\_ Cremains

Funeral Home Name and Location: \_\_\_\_\_

Monument Placement & Date: \_\_\_\_\_

Plot Owner: \_\_\_\_\_

Monument Company: \_\_\_\_\_

Cemetery/ Location/ Lot #: \_\_\_\_\_

Person responsible for digging: \_\_\_\_\_

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Informant Contact Information

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Please complete this form and return it to the Town Office before Placement of Monuments or Cremains. Questions call 207-445-2014.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_