town of miltonvt
43 Bombardier Road, Milton, VT 05468-3205
802.893.4111 www.miltonvt.gov

Certificate of Burial Rights Worksheet

Name of Purchaser / Lot Owner: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Heirs (list those allowed, or not allowed, within this burial plot)**:**

Name	*Relationship*	*Phone or Email*
Name	*Relationship*	*Phone or Email*
Name	*Relationship*	*Phone or Email*
Name	*Relationship*	*Phone or Email*

RESIDENT REQUIREMENTS:

- A **resident** is a person who lives in Milton as their principal place of residence, and can provide proof of residency upon request, such as a utility bill, property tax bill, income tax form, etc.
- A **former resident** would be an individual who has previously qualified as a resident. (The spouses and adult children of former residents may also purchase burial rights.)

I _____ have read the resident/former resident requirements and to the best of my knowledge and belief the information herein is true and accurate. I have also gone over the fee requirements listed on the back and agree to pay the amount stated.

Signed: _____ Date: _____
(Purchaser)

Please complete the next page. OVER >

Milton Cemetery Fees

Name of Cemetery: _____

Types of Lots:

- Full Lot for **Resident: $750.00**
- Full Lot for **Former Resident: $1,250.00**

	Section	Row	Lot #	Amount Due
Lot Location:	_____	_____	_____	$ _____
Lot Location:	_____	_____	_____	$ _____
Lot Location:	_____	_____	_____	$ _____
Lot Location:	_____	_____	_____	$ _____

Recording Fee: $ 15.00

Interment Fee: $ _____

- Resident & Non-Resident: $250.00 each
- Collected at the time services are rendered.
- Interment Order Form is required.

Vault Storage Fee: $ _____

- Resident: $100 each; Non-Resident: $200 each
- Collected at the time services are rendered.
- Vault Storage Form is required.

TOTAL AMOUNT DUE to Town Clerk's Office: $ _____

Purchaser's initials _____

Clerk's Office Use

Date Received in the Town Clerk's Office: _____ By: _____

Amount Received: _____ Check #: _____

Date Certificate of Burial Rights Completed: _____

Copy sent to owner of Burial Rights at the above address on: _____

Date Recorded: _____ Document #: _____ Volume #: _____ Page #: _____

☐ *Purchaser's copy* ☐ *Town Clerk's copy*