Interment Order

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

The undersigned hereby requests and authorizes the Town of Milton, subject to its rules and regulations, to inter on (burial date) _____,20____, in Milton's _____ Cemetery, in Section _____ Row _____ Lot _____ which was originally purchased by _____.

Name of Deceased: _____

Decedent's relationship to original plot owner (Burial Rights holder): _____

Date of Death: _____ Veteran: ☐ Yes ☐ No

☐ **Full casket burial –** *Burial Transit Permit required*

☐ **Cremated remains burial –** *Cremation Certificate required*

I hereby certify that I am the (relationship) _____ of the above named decedent. I certify that I have the right to dispose of the remains of said decedent, indicated above, or to authorize a funeral director of my choice to do so. I agree to hold harmless the Town of Milton, and its employees, officials and agents, collectively and individually, from any liability on account of said authorization and interment.

Signed: _____ Date: _____

Print Name: _____ Phone Number: _____

Mailing or Email Address: _____

Funeral Home: _____ By (Name): _____

Address: _____

Work Phone: _____ Mobile: _____

Email address: _____

In the absence of any religious restrictions, at least twenty-four hour notice is required before an interment will be made.

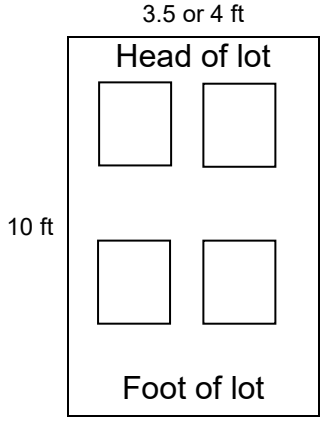
The **$250.00 burial fee** must be submitted with this interment order form.

Please complete the next page with details of exact location within lot or group of lots. OVER >

In order to ensure that remains are interred where desired, please give directions concerning exact location. Please add details such as nearby headstones or markers, “next to”, “to the right (or left) of”, or “between” descriptions to make this location as clear as possible. In some of the older sections of the cemeteries, the lots may not fit the diagrams below. You may modify these diagrams or draw your own diagram if needed. **The information provided on this form will be used by the Cemetery Superintendent to locate and mark the grave for burial.**

FULL BURIAL: If a group of lots is involved, please indicate exact location within the group.

CREMATED REMAINS: Up to 4 cremated remains may be interred in a single 3.5’ x 10’ or 4’ x 10’ lot. Please indicate on the diagram below: 1) which space within the lot you request for this interment, and 2) the dimensions of the urn vault or urn that will be placed (if any).



I (printed name) _____ own the burial rights to this plot and hereby certify that the on-site grave location, as marked by the Cemetery Superintendent, is correct.

Signed: _____ Date: _____
(plot owner/burial rights holder)

Clerk’s Office Use

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