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

Vault Storage Form

The undersigned hereby requests and authorizes Milton Cemeteries, subject to its rules and regulations, to store on (beginning date) _____, 20____, with anticipated date of removal from storage on (date) _____, 20____.

☐ **Full Casket** ☐ **Cremated Remains**

Name of Deceased: _____ Date of Death: _____

Legal Address at time of death: _____

City/Town and State where death occurred: _____

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, after the vault removal date. 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.

Signed: _____ Date: _____

Print Name: _____ Phone Number: _____

Mailing or Email Address: _____

Funeral Home: _____ Contact Name: _____

Address: _____

Work Phone: _____ Mobile: _____

Email address: _____

Vault storage fee of **$100.00 for Resident** or **$200.00 for Non-Resident** is due at the time of vault entry.

Clerk's Office Use

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

(Rev. 01/07/2026)