

Vassalboro Cemetery Burial/Monument Placement Notification Form

Informant's Contact Information

Name: _____

Address: _____

Phone Number: _____

Relationship to Decedent: _____

Decedent's Information

Decedent's Full Name: _____

Decedent's Date of Birth: _____

Decedent's Date of Death: _____

Anticipated Date of Burial: _____

Type of Burial: Casket Cremains

Funeral Home Name/Location: _____

Anticipated Date of Monument Placement: _____

Monument Company Name/Location: _____

Cemetery Name/Street Location/Lot Number: _____

Please fill out this form and return it to the Vassalboro Town Office before you place a monument or bury any remains in our cemeteries. If you have any questions, please contact the Town Office at 207-872-2826.

Signature: _____ Date: _____