

MILTON CEMETERIES
43 BOMBARDIER RD
MILTON, VERMONT 05468
Phone: 802-893-4111

Certificate of Burial Rights worksheet

Name of Cemetery: _____

Name of Purchaser: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Heirs to the Purchaser (list those allowed, or not allowed, within this burial plot):

<i>Name</i>	<i>Relationship</i>	<i>Phone or Email</i>
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<i>Name</i>	<i>Relationship</i>	<i>Phone or Email</i>
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Resident requirements:

- A **resident** is a person who has declared the Town of Milton his/her legal residence on their most recent state and federal income tax forms.
- A **former resident** would be an individual who has previously qualified as a resident in the past.

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.

Signature of Purchaser: _____ Date: _____

OVER 

Milton Cemeteries Fees

Types of Lots:

Full Lot for Resident: \$750.00

Full Lot for Former Resident: \$1,250.00

(Section / Row / Lot #)

Lot location: _____/_____/_____

Amount Due: \$ _____

Lot location: _____/_____/_____

Amount Due: \$ _____

Lot location: _____/_____/_____

Amount Due: \$ _____

Lot location: _____/_____/_____

Amount Due: \$ _____

Recording Fee:

Amount Due: \$ 15.00

Interment fees and vault storage fees are collected at the time those services are rendered.

Interment Fee: (Resident - \$200.00 Former Resident - \$300.00)
(Interment Order Form **must** be filled out.)

Amount Due: \$ _____

Vault Storage Fee: (Resident – \$100.00 Former Resident - \$200.00)
(Vault Storage Form is required.)

Amount Due: \$ _____

TOTAL AMOUNT DUE to Town Clerks Office: \$ _____

(Purchaser's initials)

(For Clerk's office use only)

Received by (staff name): _____ Date Received: _____

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* _____