

MILTON CEMETERIES
43 BOMBARDIER ROAD
MILTON, VT 05468
Phone: 802-893-4111

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 Milton Cemeteries, the Town of Milton, and its officials and employees harmless from any liability on account of said authorization.

Signed _____ Date _____

Print Name _____ Phone Number _____

Mailing or Email Address _____

Relationship to original Burial Rights Certificate holder: _____

Funeral Home: _____ By (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.

Received by Clerk's office on: _____