

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

**Receiving Vault Form**

The undersigned hereby requests and authorizes Milton Cemeteries, subject to its rules and regulations, to inter on (Vault storage day) \_\_\_\_\_, 20\_\_\_\_, with anticipated date of removal from storage on \_\_\_\_\_ 20\_\_.

Full casket \_\_\_\_\_ Cremated remains \_\_\_\_\_

Name of deceased: \_\_\_\_\_

Address at time of death: \_\_\_\_\_

City/Town and State where death occurred: \_\_\_\_\_

Date of Death: \_\_\_\_\_

I hereby certify that I am the (state relationship) \_\_\_\_\_ of the above named decedent, and that this is your authority to make disposition of the remains of said decedent as indicated above after the vault removal date. I hereby certify that I have the right to make this authorization, and I agree to hold Milton Cemeteries, the Town of Milton, and its officials and employees harmless from any liability on account of said authorization for vault storage.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship to original deed holder \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Vault storage fee of \$100.00 for resident or \$200.00 for non resident is due at time of vault entry.

Received by Clerk's office on: \_\_\_\_\_