



## Town of Wilton N.H. Burial Request Form

### 48 Hours Notice Required

Full Name of Deceased: \_\_\_\_\_  
Former Address: \_\_\_\_\_  
Funeral Director: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Funeral Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Cemetery Information

Laurel Hill \_\_\_\_\_ South Yard \_\_\_\_\_ Vale End \_\_\_\_\_ Mount Calvary \_\_\_\_\_  
Full Burial \_\_\_\_\_ Cremation \_\_\_\_\_ Vault: YES \_\_\_\_\_ NO \_\_\_\_\_  
Lot Number \_\_\_\_\_ Section \_\_\_\_\_  
Name on Monument, or Markers: \_\_\_\_\_  
Placement of new Opening: \_\_\_\_\_  
Owner of "Right to Inter": \_\_\_\_\_  
Address of Owner: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

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Wilton Public Works  
P.O. Box 83  
Wilton, NH 03086  
Phone: 603-654-6602 Fax: 603-654-6663

I, the undersigned, being the person responsible for the funeral arrangements, DO HEREBY REQUEST the town of Wilton, N.H. to allow the said grave to be opened and the body of the deceased interred.

I certify that I am the \_\_\_\_\_ (state relationship) of the said deceased and I am duly empowered to authorize the opening of the said grave and that the said body should be rightly interred in the grave of the said deceased. I, the undersigned, DO HEREBY INDEMNIFY and hold safe and harmless the said Town against all actions, proceeding, claims, demands, costs, losses and expenses whatsoever which may be made or instituted against or suffered by the abovementioned deceased.

Signed \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_