

TOWN OF TUFTONBORO, N.H.

APPLICATION FOR BURIAL PERMIT per RSA 289:5

Full Name of Deceased: _____

Date of Death: _____

City/Town, County, State of Death: _____

COPY OF DEATH CERTIFICATE IS REQUIRED (Attach to this Application)

Is Deceased a Veteran? _____ Date of Birth: _____ Sex: _____

Full Body Burial: (circle) Yes No Cremation: (circle) Yes No

Tuftonboro Burial Ground Name: _____ Plot Number _____

Owner of Burial Space: _____

Contact info for Owner: _____

Funeral Director or Other in Charge of Burial: _____

Address: _____

Phone #: _____ Email: _____

Applicant: _____ Title _____

Please return this completed form to:

Town of Tuftonboro, Cemetery Trustees, PO Box 98, Tuftonboro, NH 03816

CERTIFICATE OF RIGHT OF BURIAL

Issue Date of Burial Permit: _____ Authorized Date of Burial: _____

Signature of Trustee or Authorized Town Official: _____

REPORT OF BURIAL

Burial was completed on _____ in accordance with above Certificate
by _____, duly authorized.

Please return this completed form to:

Town of Tuftonboro, Cemetery Trustees, PO Box 98, Tuftonboro, NH 03816