

**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 \_\_\_\_\_

Wilton Public Works  
Wilton New Hampshire, PO Box 48 03086  
603-654-6044  
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, proc-  
eedings, claims, demands, costs, losses and expenses whatsoever which may be made  
or instituted against or suffered by the abovementioned deceased.

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