TOWN OF HEBRON GRAVE SITE RESERVATION FORM

TO BE COMPLETED BY REQUESTER

Name of Person Requesting Reservation (Please Print):

Last Name   First Name   Middle Name

Mailing Address : 1

Street Number/PO Box   Street Name   Town   State   Zip Code

Telephone Number:   __________________   Email:   __________________

Date of Request: 2   __________________

Signature of Grave Site Reservation Requester
(See notes 1 and 2 below for important information)

FOR USE BY THE TOWN OF HEBRON

Number/Identification of Available Grave Site Selected:   __________________

Payment for Corner Markers Fee Included: Yes:   __________   No:   __________

Method of Payment (personal check, cash): Check #:   __________   Cash:   __________

Date Corner Markers Installed by Sexton:   __________________

Signature of Sexton

Date Reservation Recorded by Town Clerk: 2   __________________

Date Confirmation given/sent to Requester:   __________________

Type of Confirmation to Requester: In Person _____   Regular Mail _____   Email _____

Signature of Town Clerk

1 It is the Requester’s responsibility to inform the Town of any change of address, phone number, or email address.

2 Confirmed reservations will remain in effect for twenty (20) years from the date that the reservation is entered in the Town records, unless the grave site is needed earlier. It is the Requester’s responsibility to contact the Town during the last year.