Burial and Memorial Form, Town of South Hero, VT

Completed by:	Date:
	Name:
Name:Mailing Address:	Alias/Maiden Name:
Walling Address.	/ mas/ water warre.
	Sex: ☐ Male ☐ Female
	Date of birth:
Cemetery:	Place of birth:
Section:Row:Lot:	
Certificate/Deed Number:	Date of death:
Relationship to deceased:	Place of death:
Funeral Home	A veteran? ☐ Yes ☐ No
Name:	
Address:	Branch: Era:
Addi C33.	Married at time of death? ☐ Yes ☐ No
	Spouse's Name:
Date lot will be opened:	
Date of burial:	Father's Name:
Burial Type:	Mother's Maiden Name:
☐ Casket	
☐ Cremation: ☐ Container ☐ Vault	
Date of cremation:	
Memorial Information	
Memorial Company:	
Memorial Type: ☐ Headstone ☐ Marker ☐ Te	mporary Marker, Date to be removed by:
Material: Price: \$	Date memorial to be placed:
Inscription:	
Cemetery Commission Review	
Printed name of Commissioner coordinating burial:	
Date of lot probing:	_ Date lot staked:
Signature of Commissioner:	Date: