



City of Lebanon Cemetery Application

Office Use Only	
<input type="checkbox"/>	Grave Sale
<input type="checkbox"/>	Perpetual Care

Grave Lot Purchase

Full Name of Purchaser as it should appear on Deed:

Mailing Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Designation of Lot Owner or Owners. The "Owner(s)" are the persons whom, at any point in time, the City can contact, and who will have authority to make decisions concerning the grave lot being purchased, on matters such as burials, monuments and maintenance – consistent with City ordinances and regulations.

(a) Owner(s) designated at time of purchase (if different from purchaser) including contact information:

(b) Owner(s) if and when above-designated owner(s) are deceased or unavailable, including contact information:

(c) Owner(s), or way of determining ownership, in the event that all above-designated persons are deceased or unavailable, including contact information, to extent known:

Name of Agent if applicable:

Mailing Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Cemetery:			
<input type="checkbox"/> Glenwood/Mt. Calvary Cemetery	<input type="checkbox"/> School Street Cemetery (Village Cemetery)	<input type="checkbox"/> Valley/Sacred Heart Cemetery	
<input type="checkbox"/> Old Pine Tree Cemetery	<input type="checkbox"/> Cole Cemetery	<input type="checkbox"/> Mascoma Cemetery	<input type="checkbox"/> West Lebanon Cemetery
<input type="checkbox"/> Upper Valley Jewish Community Cemetery			

Section _____ Lot# _____ Grave(s) # _____

Purchaser Signature _____ **Date** _____

Note: If, as purchaser you wish to designate an agent (listed above) to act on your behalf please sign here _____

BURIAL SERVICES

Office Use Only

- Full Burial Cremation Burial Urn Size: H: __ L: __ W: __
 Infant Burial Entombment

Lot Owner Name: _____

Decedent Name: _____

Name of Person Making Burial Request: _____

Phone: _____ Email: _____

Billing Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Cemetery:

Glenwood/Mt. Calvary Cemetery School Street Cemetery (Village Cemetery) Valley/Sacred Heart Cemetery
 Old Pine Tree Cemetery Cole Cemetery Mascoma Cemetery West Lebanon Cemetery
 Upper Valley Jewish Community Cemetery

Section _____ Lot# _____ Grave(s) # _____

MONUMENT FOUNDATION ORDERS

- Foundation
 Grass Marker
 Other

(Please Note, foundations are set three times per year. Order forms are accepting up to May 15th, July 15th, and October 15th)

Owner Name: _____

Ordering Company: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Cemetery:

Glenwood/Mt. Calvary Cemetery School Street Cemetery (Village Cemetery) Valley/Sacred Heart Cemetery
 Old Pine Tree Cemetery Cole Cemetery Mascoma Cemetery West Lebanon Cemetery
 Upper Valley Jewish Community Cemetery

Section _____ Lot# _____ Grave(s) # _____

FOUNDATION SURFACE SIZE (LXW) _____

DATE DESIRED FOR PLACEMENT OF MONUMENT _____

Note: 1 Grave Lot Foundation Maximum Width is 24"

TRANSFER

Original Owner: _____
Address: _____
City _____ State _____ Zip _____
Phone: _____ Email: _____

Original Owner Signature _____ **Date** _____

Transfer ownership to: _____
City _____ State _____ Zip _____
Phone: _____ Email: _____

New Owner Signature _____ **Date** _____

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Section _____ Lot# _____ Grave(s) # _____

Office Use Only:

- Copy to Sexton Cem Card TF Card Map Database Invoiced Deed
 TF Receipt Svcs/Ledger, Check\$ _____ Date Paid _____ Deposit Date _____
 Permit to City Hall Scan to Pontem