

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.