

TOWN OF TUFTONBORO, NEW HAMPSHIRE

\*Permit for Burial in the Town House Cemetery

Funeral Director: \_\_\_\_\_

Or Other in charge of burial: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail \_\_\_\_\_

Full name of deceased: \_\_\_\_\_

Date of death: \_\_\_\_\_

City or town, county, and state of death: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Male  Female

Full body burial  Cremation

Date of issue of burial permit: \_\_\_\_\_ Date of burial: \_\_\_\_\_

\*If other Tuftonboro Burial Ground, name: \_\_\_\_\_

Lot number: \_\_\_\_\_

If cremation, location of urn: head  foot

Owner of burial space: \_\_\_\_\_

Signature of person in charge

Funeral Director: \_\_\_\_\_

Other: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Sexton, Trustee or Town Official: \_\_\_\_\_

Please return this completed form within two weeks of interment to:  
Town of Tuftonboro, Cemetery Trustees, ATT: Cathy Pounder,  
PO Box 98, Tuftonboro, NH 03816