

TOWN OF TUFTONBORO

APPLICATION for PURCHASE of RIGHT of BURIAL

PURCHASER NAME(S): _____

ADDRESS: _____

PHONE: _____ **Best time to reach you:** _____

EMAIL: _____ **Do you prefer phone or email?** _____

Are you a Tuftonboro landowner? Yes ___ No ___

Are you a Tuftonboro resident? Yes ___ No ___

If not, what is your connection to Tuftonboro? _____

Type of Burial Sites desired: Cremation _____ or Full Body _____

Number of Sites needed (See Cemetery Rules for more information): _____

Full name(s) of intended interred: _____

If arranged, please list the contact information for your Funeral Director, including name, address, email and phone #:

Please return to: Cemetery Trustees, Town of Tuftonboro, PO # 98 Ctr. Tuftonboro, NH 03816

Once your application is reviewed, you will be contacted with information for your plot number(s) and the associated fees.