



TOWN OF EDGARTOWN  
CEMETERY DEPARTMENT  
70 Main Street, P.O. Box 1596  
Edgartown, MA 02539  
508-627-6145

## Interment Form

**PLEASE SUBMIT THIS FORM ALONG WITH A COPY OF EITHER THE DEATH CERTIFICATE OR CREMATION CERTIFICATE OF THE INDIVIDUAL IN QUESTION. ALL FORMS MUST BE SUBMITTED AT LEAST 7 DAYS BEFORE INTERMENT.**

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Individual to be interred: \_\_\_\_\_

Relationship to individual: \_\_\_\_\_

Death Certificate: \_\_\_\_\_ Cremation Permit: \_\_\_\_\_

Date to be interred: \_\_\_\_\_ Time: \_\_\_\_\_

Cemetery: New Westside    Old Westside    Tower Hill    Chappaquiddick

Plot Number: \_\_\_\_\_

Cemetery Administrative Assistant \_\_\_\_\_

Date: \_\_\_\_\_