

**Town of Edgartown**  
P.O. Box 1596, Edgartown, MA 02539  
NEW WESTSIDE CEMETERY PLOT APPLICATION

**PLEASE INCLUDE A SEPARATE CHECK FOR  
\$20 MADE OUT TO THE TOWN OF  
EDGARTOWN, WITH “CEMETERY” IN THE  
CHECK MEMO IN ADDITION TO THIS  
APPLICATION.**

**Town of Edgartown**  
P.O. Box 1596, Edgartown, MA 02539  
NEW WESTSIDE CEMETERY PLOT APPLICATION

**Edgartown Property Held in LLC, Trust or Other Entity**

Applicant's Name(s): \_\_\_\_\_  
Last First Middle

Address of Edgartown property: Street \_\_\_\_\_ Map \_\_\_\_\_ Parcel \_\_\_\_\_

Name property is taxed under (i.e. LLC, Trust): \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

**REQUESTED PLOT SIZE:**

- |   |           |         |
|---|-----------|---------|
| <input type="checkbox"/> FULL PLOT      | 10' x 20' | \$2,800 |
| <input type="checkbox"/> HALF PLOT      | 10' x 10' | \$1400  |
| <input type="checkbox"/> CREMATION PLOT | 2' x 2'   | \$250   |

*\*Please make checks payable to The Town of Edgartown. Payment due upon application.*

For the purposes of this application, I swear that this LLC, Trust or other entity owns the qualifying lot and I have been a member or beneficiary of the said LLC, Trust or other entity. As required, I have notified the manager/trustee of the LLC, Trust or other entity that I am applying for the sole cemetery plot allowed under this qualifying property. The manager/trustee will inform the other partners or beneficiaries and will send confirmation to the Cemetery Commissioners that all partners and beneficiaries have been notified.

The information given above is true to the best of my knowledge. I understand that, if assigned a plot by the Cemetery Commission, I will be subject to the Edgartown Cemetery Regulations and Policies (attached). Signed under the pains and penalties of perjury,

\_\_\_\_\_  
Applicant's Signature Date

*For office use only* • **Assessor and Administrator's Certification of Ownership** • *For office use only*

The above named Legal Entity [ ] is [ ] is not the owner of record for the qualifying property

\_\_\_\_\_  
Assessor's Signature Date

An acknowledgment and consent from the manager/trustee has: ( ) has not ( ) been received.

Cemetery Commission Board Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Paid Amount: \_\_\_\_\_ Paid Date: \_\_\_\_\_ SIZE: FULL / HALF / CREMATION  
PLOT #: \_\_\_\_\_ AVENUE: \_\_\_\_\_

[ ] Approved [ ] Denied by Vote of the Cemetery Commission on Date: \_\_\_\_\_

Notes: \_\_\_\_\_



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

## Edgartown Cemetery Planting List

### Flowers

Seasonal annuals & perennials

### Bushes – must be planted next to the upright headstone.

Boxwoods  
Dwarf rhododendron  
Hydrangea  
Chesapeake Holley  
Dwarf Andromeda  
Dwarf Globe Arborvitae

### Restricted Plantings

Lilacs  
Wisteria  
Alberta Spruces  
Any Species of Vines  
Juniper  
Any ground Covers  
Ajuga/ Bugleweed

Please remember the cemetery does not allow curbing or materials to surround any lots. The Edgartown Cemetery Department reserves the right to remove restricted/ dead or dying plantings from the cemetery at any time.

If you are interested in donating a shade tree to your avenue, please contact the administrator.

\_\_\_\_\_  
Signature of lot owner

\_\_\_\_\_  
Date