

Town of Chilmark
ABEL'S HILL CEMETERY
PLOT APPLICATION
Chilmark Resident
P.O. Box 119
Chilmark, MA 02535-0119

Applicant's Name(s): _____
Last First Middle

Chilmark Address: _____

Mailing Address: _____

Phone Number(s): _____ E-mail: _____

REQUESTED PLOT SIZE:

- | | | |
|---|-------------|---------|
| <input type="checkbox"/> FULL PLOT | 11' x 11' | \$1,200 |
| <input type="checkbox"/> HALF PLOT | 11' x 5.5' | \$600 |
| <input type="checkbox"/> CREMATION PLOT | 5.5' x 5.5' | \$300 |

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

For the purposes of this application, I swear that for a minimum of 5 consecutive years I have been a Chilmark Resident and that 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 Chilmark Cemetery Regulations and Policies (attached).

Signed under the pains and penalties of perjury,

Applicant's Signature Date

•For office use only•

Verification of Residency

The above named Applicant [] has [] has not been on the Chilmark Street List for a minimum of 5 consecutive years, as verified by the Chilmark Town Clerk.
If not on the Chilmark Street List, proof of residency, as accepted by the Commonwealth of Massachusetts, [] has [] has not been presented to the Chilmark Cemetery Commission Board Administrator for verification.

Town Clerk or Board Administrator's Signature Date

Paid Amount: _____ Paid Date: _____ SIZE: FULL / HALF / CREMATION Lot
PLOT #: _____ AVENUE: _____

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

Notes: _____