Town of Chilmark

ABEL'S HILL CEMETERY PLOT APPLICATION Chilmark Veteran or Active Duty Member of The United States Armed Forces

P.O. Box 119 Chilmark, MA 02535-0119

Applicant's Name:			
Last	First		Middle
Chilmark Address (Past or Present): Street			
Mailing Address:			
Phone Number/s:	E-mail:		
REQUESTED PLOT SIZE:			
() FULL PLOT	11' x 11'	\$1,200	
() HALF PLOT	11' x 5.5'	\$600	

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

) CREMATION PLOT 5.5' x 5.5'

For the purposes of this application, I swear that I am a Chilmark Veteran or Chilmark Active Duty Member of the U.S. Armed Forces or that I have been granted Special Veteran's status by Congress 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).

\$300

Signed under the pains and penalties of perjury,

(

Applicant's Signature

Date

•For office use only •

Certification of Service

The above named Applicant [] has [] has not provided a record of their Active Service, an honorable discharge form, or a Veterans Affairs (VA) Service Card, or evidence of Special Veteran's status granted by Congress.

Cemetery Board Administrator's Signature

Date

 Paid Amount:
 Paid Date:
 SIZE: FULL / HALF / CREMATION Lot

 PLOT #:
 AVENUE:
 SIZE: FULL / HALF / CREMATION Lot

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

Notes:

Approved by the Cemetery Commissioners September 30, 2021