

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

**Chilmark Property Owner**

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

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

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 property owner of a buildable lot under the Chilmark Zoning by-laws 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 ●

Assessor's Certification of Ownership

The Applicant [ ] is [ ] is not the owner of record for the above listed qualifying property.

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

\_\_\_\_\_  
Date

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

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

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