

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

**Chilmark Veteran or Active Duty Member of
The United States Armed Forces**

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 |
| () 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 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). 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
PLOT #: _____ AVENUE: _____

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

Notes: _____