OFFICE OF
CEMETERY COMMISSIONERS
HIGHLAND CEMETERY
P.O. BOX 250
DOVER, MASSACHUSETTS 02030

INFORMATION FOR BURIAL

The superintendent, or Cemetery staff, must personally authorize all interments before they are scheduled.

Initial Personal Contact Date: _____/_____/_____ Time: _____

Deceased's Name: _____

Born: _____/_____/_____ Died: _____/_____/_____ Age: _____

Date requested for interment: _____/_____/_____ Time: _____

Location ID: _____ Section: _____ Lot Number: _____ Grave # to open: _____

Lot owner: _____

Deceased's relation to lot owner: _____

Cremation: _____ Full Burial: _____ Tent: _____

Veteran: _____ Branch of Service & Campaign: _____

Family member/person responsible for arrangements: _____

Relationship to Deceased: _____

Address: _____

Funeral Home: _____ Tel.: (_____)_____

Funeral Director: _____Tel: (_____)_____

Vault Company: _____Tel: (_____)_____
(The superintendent and Commission require that all vault companies check in with the Cemetery Staff on arrival)

Display Vault cover (only per request of family): _____

For Cemetery use only:

Date approved for interment: _____/_____/_____ Time approved: _____

Opening: $_____

Frost/Snow Charge: $_____

Overtime Charge: $_____

Total Due Town of Dover: $_____
(please make all checks payable to the Town of Dover)

Tel: (508)785-1028 Fax: (508) 785-8115