



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

**APPLICATION FOR PURCHASE OF CEMETERY LOT**

\_\_\_\_\_ Date

To the Commissioners of the Highland Cemetery:

I, \_\_\_\_\_  
 (Name(s) exact as they should appear on the Deed)

of \_\_\_\_\_  
 (Address)

Hereby respectfully make application for Lot # \_\_\_\_\_ Block: \_\_\_\_\_

comprised of \_\_\_\_\_ # graves in Highland Cemetery.

I certify that I have resided in the Town of Dover for five (5) consecutive years immediately prior to the date of this application or have an immediate need for a lot.

I certify that I am the head of a family and that if this application is granted by the Commissioners, the lot will be only for the interment of myself and members of my family unless written consent of the Commissioners allows exception.

I further certify that I have been informed as to the restrictions regarding planting and memorial work allowed for the lot I have applied to purchase. Said by-laws as set forth by the Commissioners of Highland Cemetery, will be clearly stated on my deed and will be complied with by me and my heirs.

\_\_\_\_\_ (Applicant's signature)

PRICE FOR LOT \_\_\_\_\_

PERPETUAL CARE \_\_\_\_\_

RECORDING FEE \_\_\_\_\_

TOTAL \_\_\_\_\_

DATE BILLED \_\_\_\_\_ DATE PAID \_\_\_\_\_

DEED PREPARED ON \_\_\_\_\_

DEED SIGNED ON \_\_\_\_\_

DEED RECORDED ON \_\_\_\_\_

DEED MAILED ON \_\_\_\_\_