



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) 906-3328 Fax: (508) 785-8115