



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