



Town of Bedford
Shawsheen Cemetery
Application for Burial Permit

Department of Public Works
Phone: 781-275-7605
Fax: 781-275-9010

I _____
(Funeral Director's Name)
of _____
(Funeral Home Name)

_____ (Phone Number) _____ (Fax Number)

request permission for the burial of: _____ to be scheduled on:
_____ (Deceased Name) _____ (Month, Day, Year) _____ (Time)

Required Information

Date of Death (month, day, year): _____
Place of Death (town, state): _____
Residence at time of Death (street, town, state): _____
Cause of Death: _____
Date of Birth (month, day, year): _____
Ashes, Vault, Burial Box: _____
Veteran Status (yes / no / war): _____
Special Requests (if any): _____

Lot Owner: _____
Lot Address (Section / Lot / Row / Grave): _____

Signature of Lot Owner: _____

** Funerals will not be scheduled until application is approved and signed.*

** Please refrain from the advertisement or confirmation of burial until application is approved and signed.*

Please do not write below this line

Request Approved:

Request Denied: (See Below)

Cemetery Official's Signature

Cemetery Official's Name

Today's Date
