

TOWN OF MACHIAS
INTERMENT RECORD

DATE OF NOTIFICATION: _____

DATE OF FUNERAL: _____

NAME OF PERSON INTERRED: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

NAME OF LOT OWNER: _____

NAME OF COMPANY PLACING VAULT: _____

NAME OF FUNERAL DIRECTOR: _____

NAME OF PERSON IN CHARGE OF FUNERAL: _____

NAME OF FUNERAL HOME: _____

PLEASE RETURN TO TOWN OF MACHIAS: P.O. BOX 418, MACHIAS, ME 04654

THIS FORM IS MANDATORY FOR ALL INTERMENTS IN ANY CEMETERY IN MACHIAS