

**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: \_\_\_\_\_

PLOT A/B/C/D \_\_\_\_\_

ASHES OR CASKET \_\_\_\_\_

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**