

TOWN OF WAREHAM

**BURIAL SITE
PURCHASE REQUEST**

Please state the name or names as they should appear on the deed:

Purchaser (if different): _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Cemetery requested: _____

Lot: _____ Section: _____ Grave # or #'s: _____

Cost of grave(s): \$ _____ Total perpetual care: \$ _____ Deed: \$ _____

TOTAL COST \$ _____

Payment:

Check #: _____ Bank Name: _____

Prior to the purchase of a burial lot or grave:

I/we acknowledge that I/we have received a copy of the cemetery rules and regulations and agree to make them known to any and all heirs/representatives of said lot(s). I/we hereby agree to all rules, regulations and restrictions set forth by the Town of Wareham and its Boards or Departments. I/we understand that these rules have been adopted for the preservation of the natural environment, care and maintenance of said cemeteries. I/we also indemnify, defend and hold harmless the town of Wareham, its Employees, Boards, Departments and Cemetery Commissioners from any and all claims, demands, causes or causes of action, suits of every kind nature and description in law or equity including fees, costs or expenses of litigation for enforcing such rules and regulations. The Board of Cemetery Commissioners and the Town of Wareham and its Boards and Departments reserve the right to amend, adopt or to make temporary exceptions to these rules, regulations and restrictions without liability. I/we understand all the charges and agree to the terms of payment set forth.

Signature: _____ Date: _____

Next of kin contact:

Name: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____