

TOWN OF WOLFEBORO GRAVE ACTIVITY REPORT

This report must be completed in its entirety by the Attending Funeral Director and must be submitted promptly to the Town Manager's Office.

Location: Cemetery _____ Section: _____ Lot #: _____ Grave #: _____

Type of Activity:

1. Full Burial: _____
2. Cremation: _____ By Family: _____ By Funeral Director: _____

Describe Location of Urn in Grave: _____

Name and address of Deceased: _____

Next of Kin (name, address): _____ (relationship)

3. Remains Removal: _____ Name of deceased: _____

Date of removal: _____ Authority of removal: _____

Removed from Sec _____ Lot _____ Grave _____ to Sec _____ Lot _____ Grave _____

Other _____

General Information:

Grave owner's Name: _____

Date of Death: _____ Date of Burial: _____ Date of License: _____

Age of Deceased: _____ Veteran of War & Service _____

Funeral Director: (If out of Town, give address, phone #, and local Director contact.)

Name and contact info for grave digger: _____

Name of Individual identifying grave locus: _____

To the best of my knowledge, I believe, as the attending Funeral Director, that the information in this Report is true and accurate.

Signed: _____ Date: _____