



Town of Warren

BURIAL RIGHTS & AUTHORIZATION AFFIDAVIT

167 Western Rd
Warren ME 04864
Tel. (207) 273-2421
Fax (207) 273-3107

No interment shall be made in the Town of Warren cemeteries until the Cemetery Sexton has been furnished a permit such as may be required by the Laws of the State of Maine, together with this Affidavit signed by owner of record of the burial lot or from their legal representative/heirs.

ORIGINAL LOT HOLDER (Complete this section)

I, _____
(print full legal name)

(print complete mailing address)

(telephone number)

Certify that I am the lot holder of record at _____ Cemetery

for Lot _____, Grave _____, and by my signature below authorize the Town of Warren to open this lot to permit the interment of **HUMAN REMAINS/CREMAINS** (please circle one):

(print full legal name of decedent OR future preplan burial name)

(relationship)

APPLICANT OTHER THAN ORIGINAL LOT HOLDER (Complete this section if you **ARE NOT** the original lot holder)

Lot Holder Name: _____ Relationship: _____

This is for a **CURRENT BURIAL** or a **FUTURE PREPLAN BURIAL** (please circle one)

I, _____
(print full legal name)

(print complete mailing address)

(telephone number)

Certify that I am the legally authorized representative, rightful heir or successor of the original lot holder,

_____, and that I have contacted all other known relatives or heirs of the party referenced
(print name of original lot holder)

above to determine whether in fact they have any interest in utilizing the burial lot(s) described above.

In consideration for the Town of Warren through its Selectboard allowing me to bury these **HUMAN REMAINS/CREMAINS** (please circle one) at burial site located at _____ Cemetery Lot _____, Grave _____,

(Print full legal name of decedent OR future preplan burial name)

(relationship)

(Complete other side)

AUTHORIZATION

I am the ORIGINAL LOT HOLDER _____ (initial), OR

I am the LEGAL REPRESENTATIVE, RIGHTFUL HEIR OR SUCCESSOR OF THE ORIGINAL LOT
HOLDER _____ (initial)

And as such authorize and hereby instruct the Town of Warren to open the lot described herein for the internment of **HUMAN REMAINS/CREMAINS (please circle one)** identified and I accept all responsibility for costs and fees arising from this authorization.

I hereby indemnify and save harmless the Town of Warren through its Selectboard from and against any damages or costs or any liability whatsoever incurred as a result of burying these **HUMAN REMAINS/CREMAINS (please circle one)** or future burial of same in a cemetery site without my having sufficient right, title and interest in the burial site, or because I caused these **HUMAN REMAINS/CREMAINS (please circle one)** to be buried in the wrong cemetery lot.

Cemetery: _____ Lot: _____ Grave: _____

(print full legal name of decedent OR future preplan burial name) (relationship)

Veteran YES / NO (please circle one) Branch of Service: _____

Date of Birth: _____ (MM/DD/YYYY) Date of Death: _____ (MM/DD/YYYY)

State of _____ County of _____

Signed and sworn to (or affirmed) before me on _____ by _____,

Date / Name(s) of individual(s) making statement

Signature of notarial officer

Stamp or printed name _____

Title of office _____

My commission expires: _____

Administrative Use:

Amount Paid: _____ Check _____ Cash _____ Credit _____

Staff Initials: _____ Burial Affidavit fee as of 09/04/24 \$25.00