

BURIAL PERMIT

Cemetery Commission
Truro, Massachusetts 02666



SAMPLE

DEED NAME

DECEASED NAME

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

TRADITIONAL

CREMATION

GREEN

OTHER

CONTACT

DATE OF INTERMENT

CEMETERY

SECTION

LOT #

VETERAN

YES

NO

IF YES, BRANCH OF SERVICE:

SAMPLE

AUTHORIZED SIGNATURE

DATE

SAMPLE

PERMIT NUMBER