

Town of Nottingham  
P.O. Box 114  
Nottingham NH 03290



Office (603) 679-5022  
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## Nottingham Cemetery Commission Burial Notification Form

**PLOT/FAMILY NAME:** \_\_\_\_\_

**CEMETERY LOCATION (circle one):**

Southside

New North

Old North

**NAME OF ORIG.  
PURCHASER:  
(if known)** \_\_\_\_\_

**Name of Person being buried:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_

**Military Service:** YES NO

### BURIAL LOCATION IN PLOT

Please mark in the box below where in the plot the person is being buried and indicate the approximate size/measurement of urn or casket.

\_\_\_\_\_  
**Contact Name**

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

\_\_\_\_\_  
**Signature of Cemetery Trustee Representative**