



Select Board  
Town of Hull  
Village Cemetery Interment Form

Requested Date of Burial: \_\_\_\_\_

Cremation or Full Burial: \_\_\_\_\_

Deceased: \_\_\_\_\_

Deceased's Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_

Place of Death: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Next of Kin Address: \_\_\_\_\_

Next of Kin Telephone Number: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Funeral Home Director: \_\_\_\_\_

Director's Telephone Number: \_\_\_\_\_

Vault Company: \_\_\_\_\_

Time of Arrival at Hull Village: \_\_\_\_\_

Plot Information (if previously owned): \_\_\_\_\_

\*(please provide family tree if plot owner(s) is deceased)

\*\* Payment and Burial/Cremation certificate must be received prior to services