



Town of Alton

Cemetery Department
PO Box 659 124 Suncook Valley Rd. Alton NH 03809
Phone 603-875-0202 Fax 603-875-0255

BURIAL AUTHORIZATION FORM

I, _____
Name

PO Box / Street

City, State, Zip

Home Phone

Cell Phone

Relationship to Deceased

Request burial for: _____
(Full Name of Deceased)

Date of Death

Date of Burial

Date of Birth

Age

Type of Burial
(Full or Cremation)

Row

Lot

Old Riverside Cemetery
Location in plot to be opened _____

New Riverside Cemetery

On this date _____ Time _____ AM/PM

Signature of Requestor: _____