



DEPARTMENT OF PUBLIC WORKS

873 Massachusetts Avenue
Boxborough, Massachusetts 01719

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CEMETERY PLOT PURCHASE FORM

NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

DATE: _____

CEMETERY SECTION: _____

PLOT PURCHASED: _____

GRAVES: _____ **GRAVE #:** _____

PRICE: _____ **\$600.00 per grave**

Please return this form to the DPW office, along with a check payable to the "Town of Boxborough".

For DPW Use Only

I approve the sale of the above-referenced plot:

Signed: _____ Date: _____
Cemetery Superintendent

Town Clerk

Amount Received- \$_____

Database

Check Number _____

Map