THE COMMONWEALTH OF MASSACHUSETTS
Town of Cummington
BOARD OF HEALTH

Green Burial Permit

Name of Deceased

Address

Date of Death

Date of Burial

Check List

- [ ] Subsequent additional grave
- [ ] Registry of Deeds
- [ ] Registered with Department of Environmental Protection
- [ ] Copy of Death Certificate (for Board of Health records)
- [ ] Description of burial site
- [ ] Map or schematic showing location of gravesite

Attach Photo of site