

LICENSE HOLDER INFORMATION

CURRENT RESIDENT or FORMER RESIDENT (circle one)

Name: _____
(Name or names recorded on license)

Spouse Name: _____

Residential Address: _____

Mailing (address if different): _____

Former Southborough Address: _____

Home Tel: _____ Cell#: _____

List family members or people who will likely be buried in Grave/Lot, Lawn Crypt or Niche:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Office Use Only

Date: _____ License #: _____

Lot Info – Section: _____, Grave #(s): _____, Niche #(s): _____

Lawn Crypt #: _____

Total Amount Paid: _____ Check #: _____

Town Clerk Certification
For Current or Former Residency