

TOWN of ESSEX, VERMONT  
**Mountain View Cemetery**  
**Application for Columbarium Niche**

I hereby apply to reserve a niche in the Town of Essex Mountain View Cemetery Columbarium. I understand that this application is subject to approval by the Town of Essex. I have been furnished with and read a copy of the Mountain View Cemetery Rules and Regulations and the exhibits thereto. I understand that the rules and regulations may be changed at any time by the Town of Essex. I also understand that when this application has been signed by me/us and accepted and signed by the Chair of the Essex Cemetery Commission, the attached Rules and Regulations and Columbarium Niche Locator Sheet information together shall constitute an agreement between the Town of Essex and me/us.

**Applicant(s) Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

**Designations:**

I hereby designate the following person(s) whose cremains may be inurned in the reserved niche (maximum of two):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State/ZipCode: \_\_\_\_\_

State/ZipCode: \_\_\_\_\_

Further, I hereby designate the following person who, in the event of my death or disability, may make any decision with respect to the niche or any cremains contained therein.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/ZipCode: \_\_\_\_\_

If such designated individual is unable to act, then I name as my alternate designee:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/ZipCode: \_\_\_\_\_

Enclosed is a check in the amount of \$ \_\_\_\_\_ made payable to the "Town of Essex." This application will be accepted, and a niche assigned, when full payment of the \$2500 fee is received.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Accepted by the Town of Essex:

\_\_\_\_\_  
Town of Essex Representative

\_\_\_\_\_  
Date

Copy to Cemetery Commission Chair if not signator \_\_\_\_\_