

COVENTRY CEMETERY COMMISSION

TOWN OF COVENTRY, CONNECTICUT

Office of Cemetery Sexton

Telephone: (860) 336-1375

Email: sexton@coventry-ct.gov

Web Site: <https://www.coventryct.org/171/Cemetery-Commission>



INSTRUCTIONS:

Application for Permission to Open a Grave

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION. APPLICATIONS WILL NOT BE ACCEPTED IF INCOMPLETE.

Fees:

None.

The Application Process

**Please email a scanned copy, including all supporting documents, of the completed application by email directly to the Cemetery Sexton at sexton@coventry-ct.gov

Once the Sexton receives your application and any supporting documentation, it will be reviewed for completeness.

If your application is incomplete, it will not be accepted, and you will be notified in writing of further required information before it can be processed.

Once your application and supporting documents have been accepted, it will be referred to and reviewed for consideration by the Coventry Cemetery Commission.

You will be notified directly in writing by the Cemetery Sexton once your application has been acted upon by the Commission, along with any next steps.

Definitions

Deceased Person – The individual person who has passed away, and has the legal rights to be buried in an existing plot in a town cemetery.

Applicant – An individual who has been designated as the legal authorized representative of the deceased person to act on their behalf as it relates to their grave and burial.

Authorized Representative of the Deceased Person – The applicant individual who is legally authorized by the deceased person, or their estate, or through a power of attorney to sign documents and make decisions related to their cemetery grave application and/or burial.

APPLICATION INSTRUCTIONS FOR PERMISSION TO OPEN A GRAVE APPLICATION TO BE ACCEPTED

Begin by checking the applicable box at the top of the application, indicating the specific town cemetery (Nathan Hale Cemetery, Grant Hill Cemetery, or Coventry Cemetery) that the deceased person wishes to be buried in. If left blank, the application will not be accepted and returned for clarification.

Section A: Deceased Person Information

#1 – Provide the legal name of the deceased person.

#2 and #3 – Please state the date of death and the place of death

#4 and #5 – If applicable, write the name of the funeral home, along with the person's name and contact phone number, where arrangements may have been made.

Section B: Applicant and Authorized Representative of Deceased Person Information

#6 and #7 – Provide the name of the individual applicant, who has been authorized by the deceased person, or their estate to complete this application.

#8 and #9 – Provide a contact phone number and valid email address. These will be used for direct communication with the Sexton.

#10 – Provide your relationship to the deceased person listed in Section A

Section C: Cemetery Plot Authorization for Deceased Person

#11 – Check the box for the cemetery that the deceased person has permission to be buried in

#12 – Check the box for the type of burial being requested

#13 – Check Yes if you can provide a copy of the Grave Certificate issued by the Town of Coventry for the plot at the cemetery checked in #11

#14a – If Yes to #13, write the Section, Plot, and/or Grave number listed on the grave certificate, along with providing a copy of the grave certificate to confirm.

#14b – If No to #13, you will be required to provide copies of the following documents, which will be used by the Cemetery Commission as part of their review and consideration for approval:

- Government Photo ID of Applicant/Authorized Representative of Deceased Person
 - Copy of Obituary of Deceased Person
 - Copy of Birth Certificate for Deceased Person
 - Copy of Death Certificate for Deceased Person
 - Certified Marriage License for Deceased Person
- Other related documentation to support rights to be buried in the cemetery in #11

Section D: CERTIFICATION OF APPLICANT AND AUTHORIZED REPRESENTATIVE OF DECEASED PERSON

#15 – The applicant listed in Section B will be required to sign and date this section. This application must also be signed in the witness of a Commissioner of Superior Court, Notary Public, or Justice of the Peace.

OTHER DOCUMENTATION MAY BE REQUESTED OR REQUIRED UPON FURTHER REVIEW BY THE CEMETERY COMMISSION

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APPLICATION FOR PERMISSION TO OPEN A GRAVE

Check (✓) one box below

<input type="checkbox"/> NATHAN HALE CEMETERY Lake Street	<input type="checkbox"/> GRANT HILL CEMETERY 553-583 Grant Hill Rd.	<input type="checkbox"/> COVENTRY CEMETERY 392 Main St.
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Section A: DECEASED PERSON INFORMATION

1. Name of Deceased Person (First, Middle, Last)			
2. Date of Death:	3. Place of Death (City, State)		
4. Name of Funeral Home, if applicable:	5. Funeral Home Contact Person and Phone Number:		

Section A: APPLICANT AND AUTHORIZED REPRESENTATIVE OF DECEASED PERSON INFORMATION

6. Name of Person Completing this Form (First, Middle, Last)			
7. Residence Street Address	City	State	Zip Code
8. Contact Phone Number:	9. Contact Email Address:		
10. Relationship to Deceased Person:			

Section B: CEMETERY PLOT AUTHORIZATION FOR DECEASED PERSON

11. Cemetery Requested to be Buried In: <input type="checkbox"/> Nathan Hale <input type="checkbox"/> Grant Hill <input type="checkbox"/> Coventry	12. Type of Burial Requested: <input type="checkbox"/> Cremation <input type="checkbox"/> Full Casket
13. Certificate Presented and Attached to Sexton? <input type="checkbox"/> Yes <input type="checkbox"/> No	14a. If Yes, Provide Section, Plot, and/or Grave number:
14b. If No, please provide as many of the following documents for Consideration and Review, listed below (Attach copies separately) <ul style="list-style-type: none"> Government Photo ID of Applicant/Authorized Representative of Deceased Person Copy of Obituary of Deceased Person Copy of Birth Certificate for Deceased Person Copy of Death Certificate for Deceased Person Certified Marriage License for Deceased Person Other related documentation to support rights to be buried in the cemetery in #11 	

Section C: CERTIFICATION OF APPLICANT AND AUTHORIZED REPRESENTATIVE OF DECEASED PERSON

15. I certify that I have the right at law to order this interment based on the information provided in Section B. According to the best of my knowledge, information and belief, there is no other next of kin who would be opposed to this interment.

I certify that all information and statements provided in this application are true and thereby agree to indemnify and defend the Town of Coventry, the Cemetery Commission, their employees, and agents and hold them harmless from all claims, loss, liability, and course of action by third parties including but not limited to any and all property damage and/or physical injury involving burial rights arising from this interment. I, on behalf of myself and my heirs, executors, administrators, successors and assigns, do hereby remise, release and forever discharge the Town of Coventry, including its representatives, officers, directors, employees, agents, successors, assigns and/or attorneys from any and all claims, actions, causes of action, demands, rights, damages, costs and expenses (including attorney's fees) of any nature and kind whatsoever which they have or may hereafter have or acquire or claim to have or acquire at any time in the future against the Town arising out of my execution of this Application and any and all of the Town's actions in reliance on it.

I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

Signature of Applicant and Authorized Representative of the Deceased Person:

X _____ Date: _____

Printed Name of Applicant and Authorized Representative of Deceased Person:	Title:

Subscribed, affirmed and sworn before me this _____ Day of _____, _____ .
(Month) (Year)

Signed X _____
(Commissioner of Superior Court, Notary Public, Justice of Peace)

My Commission Expires: _____

(Notary Public Seal)

For Internal Use Only

CEMETERY SEXTON: Application Complete Incomplete Application Referred to Cemetery Commission

Signature _____ Date _____

Other Information for Commission _____

CEMETERY COMMISSION: Approved Denied More Documents Required

Signature _____ Date _____

Reason for Denial: _____

More Documents Required: _____