

Hudson Cemetery Lot Application

(To be filled out by the lot owner(s))

Name of Owner: _____ **Date of Birth**_____

Place of Birth_____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone_____

Resident of Hudson? Yes___ No___

Name of Owner: _____ **Date of Birth**_____

Place of Birth_____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone_____

Resident of Hudson? Yes___ No___

Name of Contact #1: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Name of Contact #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Names of those who will be authorization to make future use decisions on the burial plots when you are deceased/incapacitated: _____, _____,

_____, _____, _____,

_____, _____, _____,

_____, _____, _____,