



## TOWN OF HUDSON

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### RESOLUTION 2017-03

#### ADOPTING Hudson Cemetery Lot Application

**Whereas,** The Town of Hudson recognizes the importance of making known those who will be authorized to make future use decisions on the burial plot and grave(s) when the purchaser, or known owner(s) are deceased/incapacitated.

**Now, therefore, be it resolved,** that the Town of Hudson adopts the attached Hudson Cemetery Lot Application to be completed at the time a Grave(s) is purchased.

Adopted this 8<sup>th</sup> day of August, 2017 by the Governing Body of the Town of Hudson at the Regular Town Council Meeting.

  
\_\_\_\_\_  
Mike Anderson, Mayor

  
\_\_\_\_\_  
Attest: Christy Kimber, Town Clerk

  
\_\_\_\_\_  
Date

# 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: \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,