



STOWE CEMETERY COMMISSION  
 PO BOX 730 / 67 MAIN STREET  
 STOWE, VERMONT 05672  
 Phone (802) 253-6133  
 Fax (802) 253-6137  
 cemetery@stowevt.gov

### AFFIDAVIT OF HEIRS OF

\_\_\_\_\_, Registered Owner of burial rights in  
 Lot \_\_\_\_\_, Section \_\_\_\_\_, in \_\_\_\_\_ Cemetery, in Stowe, Vermont.

STATE OF \_\_\_\_\_  
 COUNTY OF VERMONT \_\_\_\_\_ SS

\_\_\_\_\_, of \_\_\_\_\_,  
*(print name of affiant)* *(address)*

being duly sworn, deposes and says that he/she is the  
 \_\_\_\_\_ of the owner of  
*(executor, administrator, or state relationship)*

above-described burial rights and that said owner died on the \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_, a resident of \_\_\_\_\_  
*(month)* *(year)* *(full address)*

and that said registered owner did not dispose of said burial rights or any interests therein by will or other written instrument and that the following named persons are all of the descendents, to and including my generation, of the above-named owner.

NAME (Please print)	ADDRESS	RELATIONSHIP TO OWNER

Continue another page if needed. Additional page attached \_\_\_yes \_\_\_no  
 And that, if married, said owner was predeceased by husband/wife by the name of  
 \_\_\_\_\_ on \_\_\_\_\_.  
*(name of deceased)* *(date)*

This affidavit is to be filed with the Stowe Cemetery Commission and the Commission shall be entitled to rely upon the trust of the statements contained herein.

\_\_\_\_\_  
*(affiant's signature)*

Sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of  
 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public  
 My commission expires: \_\_\_\_\_