

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
11 State House Station  
286 Water Street  
Augusta, Maine 04333-0011  
Tel; (207) 287-8016; Fax (207) 287-9058  
TTY: Dial 711 (Maine Relay)

### REGISTRATION APPLICATION FOR BURIAL GROUND

1. Owner/Operator of Facility: \_\_\_\_\_
2. Name of Facility: \_\_\_\_\_
3. Facility Location: Street \_\_\_\_\_ Town/City: \_\_\_\_\_
4. Owner/Operator Mailing Address: \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_
5. This facility will be a: ☐ Private Cemetery ☐ Municipal Cemetery ☐ For Profit Public Cemetery  
☐ Mausoleum ☐ Columbarium
6. Size of Proposed Burial Ground \_\_\_\_\_ ☐ acres or ☐ square feet
7. Water Supply: ☐ Municipal System ☐ Private Well ☐ None
8. Wastewater Disposal: ☐ Municipal Sewer ☐ Private Septic System ☐ None
9. Effluvia Disposal: Will effluvia from human remains be collected on the premises?  
☐ Yes ☐ No If yes, how will such effluvia be disposed? \_\_\_\_\_
10. Storage of Human Remains: How will human remains be stored at the proposed facility prior to interment?  
\_\_\_\_\_  
\_\_\_\_\_
11. Facility Plan: Submit as **Exhibit A**, a plan or plans showing the property lines/boundaries of the proposed cemetery or burial ground, and any mausoleum, columbarium, or other structure(s) on the site, prepared by an engineer, land surveyor, architect, or other knowledgeable professional.
12. Right, Title, or Interest: Submit as **Exhibit B**, a copy of a deed, lease, contract of sale, or letter of interest establishing right, title, or interest to the property upon which the proposed facility is to be located.

Please complete this application form and deliver it to the Division of Environmental and Community Health, along with Exhibits A and B.

I, \_\_\_\_\_, state that the information submitted  
(print name)

is correct to the best of my knowledge and understand that any falsification is reason for the Department to deny the project.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_