



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
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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: Family Burial Ground Private Cemetery Municipal Cemetery
 For Profit Public Cemetery Mausoleum Columbarium
6. Size of Proposed Burial Ground _____ acres square feet
7. Water Supply: Municipal System Private Well
8. Wastewater Disposal: Municipal Sewer Private Septic System
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. 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, architect, or other knowledgeable professional. For family burial grounds only, a simple plan such as a modified property tax map is sufficient.

12. Submit as **Exhibit B**, a copy of the articles of incorporation, if the registrant is a corporation; or a document establishing trustees for a private burial ground other than a family burial ground.
13. Submit as **Exhibit C**, 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 Health, along with Exhibits A, B, and C.

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: _____