

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
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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: _____