

Springfield, NH

Pleasant View Cemetery Lot Purchase Form

Resident/Tax Payer Name: _____

Mailing Address: _____

Street Address: _____

Town/State/Zip: _____

Telephone (H): _____

Telephone (C): _____

E-mail: _____

Lot purchased # _____ square feet _____ \$ _____

Lot purchased # _____ square feet _____ \$ _____

Lot purchased # _____ square feet _____ \$ _____

Total Cost: _____

I _____ authorize the below individuals to be
interred in the above lots:

The purchaser agrees to the terms, conditions and rules of the Town of Springfield
and Pleasant View Cemetery. Please contact Gardner Yenawine at 603-494-4854
once you have completed this form.

Signed: _____ (Purchaser)

_____ (Cemetery Trustee)

Date: _____