



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR APPROVAL OF MAUSOLEUM/COLUMBARIUM

NAME OF CEMETERY _____

TOWN _____

1. Date cemetery established and placed in operation: _____
(At least 5 years old)

2. Size of cemetery: (At least 5 acres) _____

3. Plot plan to show location of vaults with relation to wells, property lines, stream, pond, or tidal water; surface water, groundwater, cellar or building footing drains.

4. Number of vaults or crypts: _____ Number of Niches _____

5. Sections, halls, rooms, corridors, elevators, and other subdivisions to be described by names and numbers.

6. Structure to be so arranged that the cell, niche or crypt may be readily examined: _____

7. Agreement of cemetery to pay for inspector appointed by the Connecticut State Department of Public Health for at least two inspections: _____

8. Name of treasurer of perpetual care and maintenance fund: (As required in Section 19a-312, subsection (b)).

(Name)

(Address)

9. Amount of fund and how structured: _____

10. Is applicant bonded for full amount of fund?

11. Is the required \$1,250.00 application fee made out to Treasurer, State of Connecticut enclosed with this application? _____

Signed _____
(Applicant)

(Print or Type Name _____
and Address)

DATE _____



Phone: (860) 509-7296, Fax: (860) 509-7295
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 51SEW
P.O. Box 340308 Hartford, CT 06134
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