

Marlboro, VT

From Death to Internment in the “Green Burial” Section of King Cemetery
Step-by-Step Procedures for Burying Your Loved One

This document will help guide you and your family through the burial process to ensure compliance with Vermont and Marlboro rules and regulations. You are encouraged to share this information (along with your cemetery plot deed) with funeral professionals and family members who are responsible for coordinating burial services.

Section A: Purchase a Plot in (new) King Cemetery

(Note: Skip to Section B below if the deceased already has a designated burial plot in the new King Cemetery.)

Click link to learn about buying a plot: <https://kingcemetery2.wixsite.com/marlborovt/buy-a-plot>

The process involves contacting Forrest Holzapfel, Marlboro Town Clerk, choosing a plot, signing a deed, and paying a fee (you will also need to arrange to install cornerstones). You can reach the Town Clerk at:

- Email: townclerk@marlborovt.us
- Telephone: (802) 254-2181

Please be sure to review all of the many rules and regulations (and limitations) for “green burial” prior to purchase. Visit <https://kingcemetery2.wixsite.com/marlborovt> for more information.

Section B: What to do After a Death

1. If you are working with a funeral director, provide him or her with:

- A copy of your King Cemetery plot deed;
- A copy of the “King Cemetery Rules & Regulations” (found here: <https://kingcemetery2.wixsite.com/marlborovt/rules-deeds>); and
- “Essential Things to Know Before You Bury a Loved One or Purchase a Coffin, Urn or Monument” (found here: <https://kingcemetery2.wixsite.com/marlborovt/burial-planning>)

Feel free to Contact Hollis Burbank-Hammarlund, Cemetery Commission member, for additional guidance on green burial rules and requirements: email kingcemetery2@gmail.com

2. **If you are acting for the deceased without a funeral director**, you will need to:

Step #1. Notify the Marlboro Town Clerk* of the death and need for burial.

- Email: townclerk@marlborovt.us
- Telephone: (802) 254-2181

* *During times when the Town Clerk's office is closed, you may contact Hollis Burbank-Hammarlund, Cemetery Commissioner, at kingcemetery2@gmail.com.*

Step #2. Fill out the “**Vermont Preliminary Report of Death**” (**PROD**), which has two pages:

1. **Demographic Information** (page 1) best supplied by family members.
2. **Medical Certification of Death** (page 2) must be completed by the attending physician/healthcare provider.

In order to issue a **Burial Transit Permit** (BTP), which is required to move the body to King Cemetery (or anywhere at all), **BOTH** pages must be submitted, with every blank filled, to the Town Clerk *of the town in which the death occurred*. This Burial Transit Permit should accompany the body to its resting place.

A copy of the PROD form is attached or can be found online here: [PROD](#)

Step #3. Please review the following important documents prior to committing to any burial plan:

- The King Cemetery (green burial section) “*Rules & Regulations*” found here: <https://kingcemetery2.wixsite.com/marlborovt/rules-deeds>
- “*Essential Things to Know Before You Bury a Loved One or Purchase a Coffin, Urn or Monument*”: <https://kingcemetery2.wixsite.com/marlborovt/burial-planning>

Feel free to Contact Hollis Burbank-Hammarlund, Cemetery Commission member, for additional guidance on green burial rules and requirements (for full-body and cremains burials): email kingcemetery2@gmail.com

Step #4. A Cemetery Commissioner or the Marlboro Town Clerk will contact **the grave digger** (contractor) to arrange for opening the grave prior to burial and closing the grave after interment. The cost of services (approximately \$1,000) is the responsibility of the family and shall be paid by check to the contractor at the time of burial. The grave digger will collect from you the **Burial Transit Permit** (BTP).

Note: For burial of cremains, the family may dig and fill the grave but shall first coordinate with a Cemetery Commissioner or the Town Clerk. Family members may not dig graves for full-body or composted-body burials.

Step #5. Death Certificates are issued by the State of Vermont from your submitted two-page Preliminary Report of Death (PROD). Certified Copies of the registered Death Certificate are available from any Vermont Town Clerk, by completing a request form and submitting payment.

A copy of Marlboro's form is attached or can be found online here: [Application for Certified Copy of Vermont Birth or Death Certificate](#)

Name Known to Physician:	Date of Death:
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VDH-HSI-PROD-2023

**STATE OF VERMONT
DEPARTMENT OF HEALTH
Preliminary Report of Death – Demographic Information**

Type or Print in Black Ink

To Be Completed/Verified By: FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	1a. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)									
	1b. ALIASES (Any other names the decedent used or was known as)				1c. DECEDENT'S LAST NAME AT BIRTH					
	2. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		3. SOCIAL SECURITY NUMBER		4a. AGE-LAST BIRTHDAY (Years)		4b. IF UNDER 1 YEAR Months: _____ Days: _____		4c. IF UNDER 1 DAY Hours: _____ Minutes: _____	
	5. DATE OF BIRTH (Month, Day, Year)				6. BIRTHPLACE (City and State or Foreign Country - include Province if Canada)					
	7a. RESIDENCE STREET AND NUMBER (Include Apartment Number)				7b. CITY OR TOWN OF RESIDENCE		7c. STATE OR FOREIGN COUNTRY			
	8a. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		8b. VETERAN OF ANY WAR? <input type="checkbox"/> Yes <input type="checkbox"/> No		8c. IF SO, WHAT WAR(S)?					
	9. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union dissolution <input type="checkbox"/> Never Married or in Civil Union <input type="checkbox"/> Unknown				10a. BIRTH NAME OF SURVIVING SPOUSE / CIVIL UNION PARTNER		10b. SEX OF SURVIVING SPOUSE/PARTNER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
	11. FATHER'S OR PARENT'S BIRTH NAME (First, Middle, Last)				12. MOTHER'S OR PARENT'S BIRTH NAME (First, Middle, Last)					
	13a. INFORMANT'S NAME (First, Middle, Last)				13b. RELATIONSHIP TO DECEDENT					
	13c. INFORMANT'S MAILING ADDRESS (Street and Number, City or Town, State, Zip Code)									
	14. DECEDENT'S EDUCATION LEVEL: (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> 9 th – 12 th grade; no diploma <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)				15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino/Latina (Specify) _____					
	16. DECEDENT'S RACE: (Check one or more races to indicate what the decedent considered himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Samoan <input type="checkbox"/> _____ <input type="checkbox"/> Japanese _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Other (Specify) _____									
	17. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)				18. KIND OF BUSINESS/INDUSTRY		19. DID DECEDENT RECEIVE HOSPICE CARE? (In past 30 days) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	20. PLACE OF DEATH (Indicate only one) <i>If death occurred in a hospital:</i> <input type="checkbox"/> Inpatient <input type="checkbox"/> Intensive Care Unit <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival				<i>If death occurred somewhere other than a hospital:</i> <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify) _____					
	21a. FACILITY NAME (If not institution, give street and number)				21b. CITY OR TOWN		21c. STATE			
22a. METHOD OF DISPOSITION: <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> NOR <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify)										
22b. PLACE OF TEMPORARY STORAGE (Name of cemetery, other place)				22c. LOCATION OF TEMPORARY STORAGE (City or Town, State)						
22d. PLACE OF FINAL DISPOSITION (Name of cemetery, disposition facility, other place)				22e. LOCATION OF FINAL DISPOSITION (City or Town, State)						
23a. NAME OF FUNERAL FACILITY OR AUTHORIZED PERSON				23b. ADDRESS OF FUNERAL FACILITY OR AUTHORIZED PERSON (Street and Number, City, State, Zip Code)						
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR AUTHORIZED PERSON				25. VERMONT LICENSE NUMBER		26. DATE OF DISPOSITION (Month, Day, Year)				

If attached to a completed Preliminary Report of Death – Medical Certification, this document shall be acceptable for issuance of burial transit and removal permits. This is not a permanent record. A town clerk may not issue certified copies of this record.

Name Known to Physician:	Date of Death:
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**STATE OF VERMONT
DEPARTMENT OF HEALTH
Preliminary Report of Death – Medical Certification**

Type or Print in Black Ink

19. DID DECEDENT RECEIVE HOSPICE CARE? (In past 30 days) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
20. PLACE OF DEATH <i>If death occurred in a hospital:</i> (Indicate only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> Intensive Care Unit		<i>If death occurred somewhere other than a hospital:</i> <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Other (specify) _____	
21a. FACILITY NAME (If not institution, give street and number)		21b. CITY OR TOWN	21c. STATE
27. MANNER OF DEATH: <i>Note: All deaths that are not "Natural" should be referred to a Medical Examiner. Call 1-888-552-2952.</i> <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could Not Be Determined			
28. CAUSE PART I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death.) → a. _____ Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST . b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____		APPROXIMATE INTERVAL: ONSET TO DEATH _____ _____ _____	
29. CAUSE PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I .			
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death	
32a. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	32b. M.E. CASE NUMBER	33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. WERE FINDINGS OF AUTOPSY AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF AN INJURY IS PART OF THE CAUSE OF DEATH (Pt. I OR II) THE DEATH SHOULD BE CERTIFIED BY A MEDICAL EXAMINER. CALL 1-888-552-2952			
35. DATE OF INJURY (Month, Day, Year)	36. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM	37. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	38. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
39. LOCATION OF INJURY (Street and Number, City or Town, State)			
40. DESCRIBE HOW INJURY OCCURRED		41. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (specify) _____	
42a. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year)	42b. ACTUAL OR PRESUMED TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM	42c. DATE PRONOUNCED DEAD (Month, Day, Year)	42d. TIME PRONOUNCED DEAD <input type="checkbox"/> AM <input type="checkbox"/> PM
43a. SIGNATURE OF CERTIFIER – To the best of my knowledge, on the basis of case history, examination, and/or investigation, death occurred at the time, date, and place and due to the cause(s) and manner stated.			43b. DATE CERTIFIED (Month, Day, Year)
43c. NAME OF CERTIFIER (Type or Print)			43d. LICENSE NUMBER
43e. ADDRESS OF CERTIFIER (Street and Number, City or Town, State, Zip Code)			44. CONTACT PHONE NUMBER () _____
45. TITLE OF CERTIFIER: <input type="checkbox"/> Physician <input type="checkbox"/> Pathologist <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Registered Nurse		46. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

To Be Completed/Verified By: MEDICAL CERTIFIER

If attached to a completed Preliminary Report of Death – Demographic Information, this document shall be acceptable for issuance of burial transit and removal permits. This is not a permanent record. A town clerk may not issue certified copies of this record.

Application for Certified Copy of Vermont Birth or Death Certificate

Items with an Asterisk (*) are *REQUIRED* information.

Applicant's Information*:

Your Name: First*: _____ Middle: _____ Last*: _____ Suffix: _____

Business Name: _____

Mailing Address*: _____ City*: _____

State*: _____ Zip Code*: _____ Date of Birth*: ____ / ____ / ____

Phone Number*: (_____) _____ - _____ Email Address: _____

Certificate Information*:

I am requesting a (choose one)*:

Birth Certificate

Date of Birth*: ____ / ____ / ____

Town of Birth* _____

Is this a Certificate of Birth for a Foreign-Born Child?

___ Yes ___ No

Death Certificate

Date of Death*: ____ / ____ / ____

Town of Death* _____

Name on Certificate: First*: _____ Middle: _____ Last*: _____ Suffix: _____

Sex*: ___ Male ___ Female

Name of Mother/Parent: First: _____ Middle: _____ Last: _____ Suffix: _____

Name of Father/Parent: First: _____ Middle: _____ Last: _____ Suffix: _____

Your Relationship to the Person Named on the Certificate (choose one)*:

- Self (BC Only)
- Spouse
- Child
- Parent
- Sibling
- Grandchild
- Grandparent
- Legal Guardian
- Court Appointed Executor or Administrator
- Petitioner for Decedent's Estate (DC Only)
- Legal Representative (for one of the above)

- Authorized By Court Order
 - Pursuant to 18 V.S.A. § 5016(b)(2)(B).
 - Must provide a certified copy of court order.
 - Photo copies will not be accepted.
- Authority for Final Disposition (DC Only)
- Social Security Administration (DC Only)
- U.S. Department of Veterans Affairs (DC Only)
- Deceased's Insurance Carrier (DC Only)
- Employee of a Vermont public agency authorized pursuant to 18 V.S.A. § 5016(a)(6).

Application continues on page 2.

Order Details*:

Total number of copies requested: ___ x \$10.00 each = Order Total: \$ _____

Make checks or money orders (U.S. funds) payable to:

Applicant's Identification Document(s)*

As per Vermont Statute, a copy of your valid ID MUST be submitted with your application. Submit a copy of one of the documents listed below. Fill in the ID number and expiration date of the selected ID you are providing.

Document #: _____ Expiration Date: ____ / ____ / _____

- | | |
|---|---|
| <input type="checkbox"/> U.S. issued Driver's License or ID Card | <input type="checkbox"/> U.S. Resident Alien Card or U.S. Green Card or U.S. Permanent Resident Card (Form I-551) |
| <input type="checkbox"/> U.S. Territories Driver's License or ID Card | <input type="checkbox"/> U.S. Employment Authorization Document or Card (Form I-765) |
| <input type="checkbox"/> Tribal ID Card containing your signature | <input type="checkbox"/> Valid State of Vermont Employee ID |
| <input type="checkbox"/> U.S. Military ID Card containing your signature | <input type="checkbox"/> "Affidavit of Homeless Status" form ** |
| <input type="checkbox"/> Passport: U.S. or Foreign issued | <input type="checkbox"/> Documentation from Vermont Department of Corrections substantiating identity ** |
| <input type="checkbox"/> VISA: U.S. issued and included within a Passport containing your signature | |

** - Does not require document number or expiration date

If you do not have one of the above ID's, you must submit copies of two documents from the list below.

These two documents together must show your current address and your signature.

Only the documents listed below are acceptable forms of alternative ID.

- | | |
|---|--|
| <input type="checkbox"/> Employee Photo ID Card with a Pay Stub or U.S. Internal Revenue W-2 Form | <input type="checkbox"/> Car Registration or Title with current address |
| <input type="checkbox"/> School, University or College Photo ID with Report Card or other proof of current enrollment | <input type="checkbox"/> U.S. Selective Service Card |
| <input type="checkbox"/> Federal or State Corrections or Prisons issued ID | <input type="checkbox"/> Voter's Registration Card |
| <input type="checkbox"/> Social Security or Medicare Card with your signature | <input type="checkbox"/> Filed Federal Tax Form with current address and signature |
| <input type="checkbox"/> Pilot's license | <input type="checkbox"/> Bank Statement, Property or Utility Bill with current address |
| | <input type="checkbox"/> U.S. or State Court documents with current address |

Verification*:

Any person who knowingly makes a false statement, misrepresentation or certification as to any material fact on this application shall be fined not more than \$10,000 or imprisoned for not more than six months or both. 18 V.S.A. § 131(c).

I certify that the information provided on this form is true and I am eligible to receive a certified copy.

Signature*: _____ Date Signed*: ____ / ____ / _____

Print Name*: _____

Mail this completed form, copy of identification, check or money order, and a self-addressed envelope to:

FOR OFFICE USE ONLY:

ID check and validated by:

Fee Enclosed:

Date:

Check #