


Vitals Information Partnership Electronic Death Registration Board of Health Burial Agent Designation Form

 The Board of Health, Board of Selectmen or another city/town official should fill out the following information if the clerk or another party is to be designated as the primary burial agent for the city or town. This document can be scanned and sent via email to vip@state.ma.us, you can fax the signed form to the Registry at 1-617-740-2711, or you can mail the form to:

Registry of Vital Records and Statistics – VIP
ATTN: Hansy Noel
150 Mt. Vernon St.
Dorchester, MA 02125

The _____ Board of Health does not issue burial permits for
City/Town

the municipality. _____ is the designated burial
First Name, MI, Last Name

agent for the municipality and can be contacted at the following: _____
Telephone number

Email Address

Address line 1 (PO Box, Street Name, Street Number)

_____, _____
City/Town State Zip code

Signed,

Signature (if emailed, type in name) Date

Print Name Title