



SETTLED 1623
INCORPORATED 1693

Town of New Castle
NEW CASTLE, NH 03854-0367

Memorial Donation Application

Applicant Information

Name of donor _____

Address of donor _____

Phone of donor _____

Email of donor _____

*Please note that donations will be accepted for memorials honoring only current or former residents of New Castle:

Which of the following applies to the person (s) being acknowledged?

☐ Current New Castle Resident. Name(s): _____

☐ Former New Castle Resident. Name(s): _____

Donation Information

Description of donation _____

Type of donation (tree, bench, table, etc.) _____

Proposed location of donation _____

Desired wording of any memorial acknowledgement _____

Expected lifespan _____

Any anticipated future maintenance expenses _____

By signing below, I, the donor, acknowledge that I have read the Town of New Castle Memorial Donation Policy and accept conditions therein, including costs.

Signature _____ Date _____

See second page:



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Review and Comments

Public Works Director _____

Recommendations by Donation Advisory Committee to the Select Board
_____ date _____

Action by Select Board including stipulations _____

Select Board Action date _____ Signature _____