



# CEMETERY CONTRACT FOR SERVICES

Date of Order: \_\_\_\_\_

CONTRACT # \_\_\_\_\_

### Section A - Deceased Information

Surname: \_\_\_\_\_  
 Given Names: \_\_\_\_\_  
 Current/Former Resident:     Yes     No  
 Last Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Sex:  Male     Female  
 Date of Death: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_

### Section B - Burial Information

Funeral Home: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Day & Date of Burial: \_\_\_\_\_  
 Time of Burial: \_\_\_\_\_  
 Type of Burial:     Casket     Cremation  
 Vault Supplier  
 (casket only): \_\_\_\_\_

### Section C - Purchaser Information

Surname: \_\_\_\_\_  
 Given Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code : \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_

### Section D: Cemetery Location

<input type="checkbox"/> Mennonite (Section A1-old) <input type="checkbox"/> Mennonite (Section A2-new) <input type="checkbox"/> Open (Section B) <input type="checkbox"/> Reserved (Section C) <input type="checkbox"/> Columbarium	Special Instructions:
	<input type="checkbox"/> Existing Plot <input type="checkbox"/> New Plot
Plot Location:	

### Section E: Personal Representative of Deceased

Surname: \_\_\_\_\_  
 Given Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code : \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Relationship to Deceased: \_\_\_\_\_  
 Relationship to Purchaser: \_\_\_\_\_  
 Signature: \_\_\_\_\_

### Section F - Representative Authorizing Burial

Surname: \_\_\_\_\_  
 Given Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code : \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Relationship to Deceased: \_\_\_\_\_  
 Relationship to Purchaser: \_\_\_\_\_  
 Signature: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Date Confirmed: _____	Confirmed by: _____
<input type="checkbox"/> Notify Operations	<input type="checkbox"/> Booked in Rec Desk	<input type="checkbox"/> Copy emailed/mailed
<input type="checkbox"/> Mapped in GIS	<input type="checkbox"/> Entered in tracking	<input type="checkbox"/> Copy scanned

**Section G - Billing Information for Invoice**

Funeral Home    
  Purchaser    
  Other (complete below)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Summary of Charges**

**Plot**

Per Grave Plot	_____	x	\$ 1,050.00	=	_____
Per Cremation Plot	_____	x	\$ 1,050.00	=	_____
Per Grave Plot "B" Reserved	_____	x	\$ 1,325.00	=	_____
Columbarium Upper	_____	x	\$ 2,000.00	=	_____
Columbarium Middle	_____	x	\$ 1,785.00	=	_____
Columbarium Lower	_____	x	\$ 1,575.00	=	_____
Non-resident surcharge	_____	x	\$ 630.00	=	_____

**Endowment**

_____	x	\$ 380.00	=	_____
-------	---	-----------	---	-------

**Open/Close**

Grave Plot Summer (May-October)	_____	x	\$ 735.00	=	_____
Grave Plot Winter (November - April)	_____	x	\$ 800.00	=	_____
Cremation Plot	_____	x	\$ 340.00	=	_____
Columbarium Niche (first included in purchase)	_____	x	\$ 235.00	=	_____

**After Hours Surcharge**

_____	x	\$ 350.00	=	_____
-------	---	-----------	---	-------

Note: Regular work hours (8:00am to 3:30pm, Monday to Friday excluding holidays)

**Other:**

\_\_\_\_\_

Subtotal	_____
GST (5%)	_____
<b>TOTAL</b>	<u>_____</u>