



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: _____

FOR OFFICE USE ONLY

Date Confirmed: _____

Confirmed by: _____

- Notify Operations
- Mapped in GIS

- Booked in Rec Desk
- Entered in tracking

- Copy emailed/mailed
- 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	\$	1,000.00	=	_____
Per Cremation Plot	_____	x	\$	1,000.00	=	_____
Per Grave Plot "B" Reserved	_____	x	\$	1,250.00	=	_____
Columbarium Upper	_____	x	\$	1,900.00	=	_____
Columbarium Middle	_____	x	\$	1,700.00	=	_____
Columbarium Lower	_____	x	\$	1,500.00	=	_____
Non-resident surcharge	_____	x	\$	600.00	=	_____

Endowment

_____ x \$ 360.00 = _____

Open/Close

Grave Plot Summer (May-October)	_____	x	\$	700.00	=	_____
Grave Plot Winter (November - April)	_____	x	\$	760.00	=	_____
Cremation Plot	_____	x	\$	320.00	=	_____
Columbarium Niche (first included in purchase)	_____	x	\$	220.00	=	_____

After Hours Surcharge

_____ x \$ 330.00 = _____

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

Other:

Subtotal _____
 GST (5%) _____
 TOTAL _____
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