

APPLICATION TO PURCHASE CEMETERY BURIAL PLOT

APPLICANT INFORMATION

APPLICANT NAME (FIRST & LAST)		
INTENDED PLOT RECIPIENT (FIRST & LAST NAME)		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE #	EMAIL	

LOT DESCRIPTION

Single Plot	Double Plot	Cremation
Other (please indicate)		
TOTAL FEES REQUIRED (see Fee Schedule below): \$		
SECTION:	PLOT:	LOT:
APPLICANT SIGNATURE		DATE OF APPLICATION (YYYY/MM/DD)