



Cemetery Purchase Form

SECTION: _____

BLOCK: _____

PLOT: _____

Owner Name(s) _____

Phone _____ Alternate Phone: _____

Mailing Address & Postal Code: _____

Email: _____

Reserved For _____

Funeral Home _____ Contact Name _____

Funeral Home Phone _____ Funeral Home Fax _____

Future Contact's Name _____ Phone Number _____

Email and/or Address _____

Future Contact's Name _____ Phone Number _____

Email and/or Address _____

Future Contact's Name _____ Phone Number _____

Email and/or Address _____

FEES

Full Size <i>incl GST</i>	\$ _____
Cremation <i>incl GST</i>	\$ _____
Niche <i>incl GST</i>	\$ _____
Infant <i>incl GST</i>	\$ _____
Monument Foundation <i>incl GST</i>	\$ _____
Monument Compliance <i>no GST</i>	\$ _____
Open/Close <i>incl GST</i>	\$ _____
Overtime <i>incl GST</i>	\$ _____
TOTAL	\$ _____

Billing Options

Invoice Funeral Home

Paid Date _____

Original to file • CC – Family/Funeral Home (See Reverse)

Multiple Use Data

Each 4 x 9 plot can accommodate up to 7 interments: 2 full interments at 9' and 6' depths. Up to 5 cremains interments at 3' depth.

Each 4 x 4 plot can accommodate up to 4 cremains interments at 3' depth.

Each Niche can accommodate up to 2 cremains.

The City of Fort Saskatchewan will endeavor to ensure that this and all future interments are in accordance with the purchaser's wishes.

The City of Fort Saskatchewan requests that the purchaser list all possible individuals or family members who may use this plot. *Please initial beside any checkmarks and/or names listed below.

Check all that apply below OR List of Names and desired placements

<input type="checkbox"/> SPOUSE	
<input type="checkbox"/> CHILD(REN)	
<input type="checkbox"/> GRANDCHILDREN	
<input type="checkbox"/> NIECES/NEPHEWS	
<input type="checkbox"/> BROTHERS/SISTERS	
<input type="checkbox"/> PARENTS	
<input type="checkbox"/> AUNTS/UNCLES	
<input type="checkbox"/> OTHER	

Please list any exclusion(s) below:

This exclusion shall not be changed by anyone other than the purchaser of this plot, including after death.

Date: _____

Signature: _____

Witness Signature: _____

Print Name: _____

Witness Print Name: _____