



# 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 Email \_\_\_\_\_

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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 \_\_\_\_\_

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## FEES

Full Size *incl GST* \$ \_\_\_\_\_

Cremation *incl GST* \$ \_\_\_\_\_

Niche *incl GST* \$ \_\_\_\_\_

Infant *incl GST* \$ \_\_\_\_\_

Monument Foundation *incl GST* \$ \_\_\_\_\_

Monument Compliance *no GST* \$ \_\_\_\_\_

Open/Close *incl GST* \$ \_\_\_\_\_

Overtime *incl GST* \$ \_\_\_\_\_

**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:

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**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: \_\_\_\_\_