

TOWN OF EATONIA
Schedule "C" to Bylaw No. 8/11

Eatonia and District Cemetery
Grave License

FAMILY NAME _____ BOCK _____ PLOT _____ SECTION _____

Applicant/ Licensee of Grave _____

Address/ Phone No _____

Applicant's Signature _____

LICENSE (PLOT) FEE: Amount _____ + GST _____ = \$ _____

PERPETUAL CARE: Amount _____ + GST _____ = \$ _____

TOTAL FEES = \$ _____

Date Paid _____ Receipt # _____ Signature _____

(For Administration)

INTERMENT ORDER

Grave digging Charged To: _____

Address/ Phone No _____

Burial Date: _____ Time: _____ From: _____ Church _____

Remarks: _____

Dated: _____ Requested By: _____

() Adult Grave () Infant Grave () Burial of Ashes – Burial Permit () Cremation ()

() Disinterment

Grave digging Charge: Amount _____ + GST _____ = \$ _____

Saturday/ Sunday

Public Holiday Surcharges: Amount _____ + GST _____ = \$ _____

Other Charges: Amount _____ + GST _____ = \$ _____

TOTAL FEES = \$ _____

FOR OFFICE USE ONLY:

() Cemetery Register () Alpha Index () Plot Map () Plot Binder () Invoiced () Prepaid

Date _____ Signature _____