



Town of Nanton
CEMETERY CONTRACT FOR SERVICES

CONTRACT # _____

SECTION A – CEMETERY LOCATION & BURIAL INFORMATION

FUNERAL HOME: _____ ORDERED BY: _____

DATE OF ORDER: _____ DATE CONFIRMED: _____

TYPE OF SERVICE:

- Casket Burial
- Cremation Burial
- Plot Exchange
- Purchase Pre-Need
- Transfer of Plot

TYPE OF PLOT:

- Single Depth Casket
- Double Depth Casket
- Urn
- Columbarium
- Memorial Wall

SIZE OF PLOT:

- 4 X 8
- 4 X 12
- 2 X 2 urn
- single niche
- double niche

LOT:

PLOT:

BLOCK:

SIZE: _____

SERVICE: _____
 (day) (date) (month) (year) (arrival time)

Previous Burials: _____

SECTION B – PURCHASER / TITLEHOLDER: _____

Address: _____

Phone Number: _____

Reserve Card Prepared & Filed: _____

Signature: _____

Cash Receipt # for Reserve: _____

SECTION C – CONTACT / PERSONAL REP:

Name: _____

Address: _____

Relationship: _____

Phone Number: _____

Signature: _____

BURIAL AUTHORIZATION:

Name: _____

Address: _____

Phone #: _____

Relationship: _____

Signature: _____

Bill To: _____

- Info to Public Works
- Entered on Block Map
- Cemetery Book Entry
- Carded
- Burial Permit

SECTION D – DECEASED INFORMATION:

Surname: _____

Given Names: _____

Date of Death: _____

SUMMARY OF CHARGES:

| | |
|---------------------------|-------|
| New Purchase | _____ |
| Open/Close | _____ |
| Winter Months Surcharge | _____ |
| Weekend/Holiday Surcharge | _____ |
| Late Funeral Surcharge | _____ |
| Disinterment Expenses | _____ |
| Transfer/Exchange Fee | _____ |
| Columbarium single/double | _____ |
| SubTotal | _____ |
| GST (#R108128489) | _____ |
| TOTAL | _____ |

Inv# _____ Receipt # _____

 (Town Representative Signature)



Town of Nanton
CEMETERY CONTRACT FOR SERVICES

CONTRACT # _____

SECTION E – CARDING INFORMATION OF DECEASED:

NAME: _____
(Last) (First) (Middle)

MALE FEMALE AGE AT DEATH: _____ VETERAN #: _____

Married (spouse): _____ Maiden Name: _____

LAST ADDRESS: _____

PROFESSION OR OCCUPATION: _____

PLACE OF BIRTH: _____ DATE: _____

PLACE OF DEATH: _____ DATE: _____

DATE OF BURIAL: _____ RELIGION: _____

ASHES BURIAL: Container Size: _____

BODY BURIAL: Casket only or Vault/Liner - INDICATE SIZE: _____

COLUMBARIUM MEMORIAL WALL Order Date: _____ Rec'd Date: _____

ENGRAVING: _____

Engraving Verified by: _____ Signature: _____

Funeral Home: _____

Next of Kin: _____

Relationship: _____

Address: _____

Remarks: _____

MONUMENT COMPANY: _____

Type of Monument: _____

Size: _____ Date Installed: _____

The personal information contained on this form is collected under the authority of the Cemeteries Act and the current Town of Nanton Cemetery Bylaw and will be used only for the purpose of maintaining cemetery records. If you have any questions regarding the collection of this information, please contact the FOIPP Coordinator for the Town of Nanton at 1907 – 21 Avenue, Box 609, Nanton, AB T0L 1R0, ph: (403) 646-2029, fax: (403) 646-2653.