



**GIBBONS MEMORIAL GARDENS
BURIAL APPLICATION AND PERMIT**

DATE: _____

Name of Deceased: _____

Maiden Name: _____ Age: _____ Sex: M / F

Date of Death: _____ Date of Birth of Deceased: _____

Date of Burial: _____ Time of Burial: _____

Service from: _____ Church/Chapel

Funeral Home in Charge: _____

Burial Permit: _____ Certificate of Cremation: _____ Cert. no. _____

Applicant Information: Name _____

Address _____

Telephone _____

PERMIT FOR BURIAL

The Town of Gibbons grants permission for the burial of the above deceased in the Gibbons Memorial Gardens this _____ day of _____, 20____.

Town of Gibbons

The Applicant acknowledges and agrees that a permit for burial is issued subject to the provisions of the Town of Gibbons Cemetery Bylaw and amendments thereto.

Signature of Applicant

Was this plot pre-purchased? Yes _____ No _____

Lot Description

Plan: _____ Plot No: _____

Open & Close Weekday open & Close \$ _____

 Saturday & Holiday Add Charges \$ _____

 Overtime Charges _____ Hrs @ _____/hr \$ _____

Other Charges _____ \$ _____

_____ \$ _____

Subtotal \$ _____

GST \$ _____

Cash Receipt no.: _____ TOTAL\$