



**SCHEDULE "H"
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 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 _____ (See Schedule I)