The Corporation of the Township of Assiginack
By-Law #15-03 Schedule "2"

HILLY GROVE CEMETERY

CONTRACT FOR INTERMENT OR INURNMENT

PLEASE COMPLETE THE APPLICABLE SECTIONS:

Funeral Home Name: _____

Address: _____

_____

Telephone Number: _____ **Fax Number:** _____

Contact Person: _____

Funeral Director: _____

Name of Deceased: _____

Date of Death: _____ **Date of Birth:** _____

Place of Death: _____

Date of Burial: _____

Grave Location: _____ _____ _____

Block/Range/Section **Lot** **Plot Number**

INTERMENT/INURNMENT FEES:

Open and Close of Graves	Monday to Saturday	$ 400.00	_____
	Sunday or Holidays	$ 500.00	_____
Cremation	Monday to Saturday	$ 200.00	_____
	Sunday or Holidays	$ 250.00	_____
Baby (under one year)		$ 200.00	_____
Disinterment	Concrete/Steel Vault	$ 500.00	_____
	Wooden/No Vault	$1,000.00	_____
HST			_____
Total			_____

ONTARIO LICENSE FEE INCLUDED IN THE ABOVE AMOUNTS

The under signed agrees that by signing this contract with the Corporation that they are full filling all requirements as set out in section 4.1.1 of By-law #15-03 pertaining to Hilly Grove Cemetery. They are the Interment Rights Holder or shown authorization in writing to act on behalf of the rights holder.

ORDERED BY: _____

Interment Right's Owner or Authorized Representative

Please indicate which plot burial is to take place

1	2	3	4	5
6	7	8	9	10

Cemetery Specialist or Municipal Representative