



Municipality of Crowsnest Pass
 PO Box 600
 Crowsnest Pass, AB T0K 0E0

Phone (403) 562-8833
 Fax (403) 563-5581

CEMETERY CONTRACT

Cemetery <input type="checkbox"/> Coleman Catholic <input type="checkbox"/> Coleman Union <input type="checkbox"/> Blairmore Catholic <input type="checkbox"/> Blairmore Union <input type="checkbox"/> Bellevue Catholic <input type="checkbox"/> Passburg Union <input type="checkbox"/> Hillcrest Cemetery	Plot _____ Row _____ Section _____	Type of Burial <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Cremation
Interment Date _____ Time of Interment _____:_____ <input type="checkbox"/> AM <input type="checkbox"/> PM		

PURCHASER DETAILS Surname: _____ Given Name(s): _____ Mailing Address: _____ City: _____ Province: _____ Postal Code: _____ Phone Number: _____ Signature: _____	DECEASED DETAILS Surname: _____ Given Name(s): _____ Date of Birth: _____ Date of Death: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Funeral Home: _____ Funeral Director: _____
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Special Instructions: _____

<table style="width: 100%; border-collapse: collapse;"> <tr><td>Full Grave</td><td style="text-align: right;">\$ _____.</td></tr> <tr><td>Cremation Plot</td><td style="text-align: right;">\$ _____.</td></tr> <tr><td>Opening & Closing</td><td style="text-align: right;">\$ _____.</td></tr> <tr><td>Weekend/Holiday Rate</td><td style="text-align: right;">\$ _____.</td></tr> <tr><td>SUB-TOTAL</td><td style="text-align: right;">\$ _____.</td></tr> <tr><td>G.S.T.</td><td style="text-align: right;">\$ _____.</td></tr> <tr><td>TOTAL</td><td style="text-align: right;">\$ _____.</td></tr> </table>	Full Grave	\$ _____.	Cremation Plot	\$ _____.	Opening & Closing	\$ _____.	Weekend/Holiday Rate	\$ _____.	SUB-TOTAL	\$ _____.	G.S.T.	\$ _____.	TOTAL	\$ _____.	PAYMENT DETAILS Date paid in full _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Debit # _____ <input type="checkbox"/> Cash
Full Grave	\$ _____.														
Cremation Plot	\$ _____.														
Opening & Closing	\$ _____.														
Weekend/Holiday Rate	\$ _____.														
SUB-TOTAL	\$ _____.														
G.S.T.	\$ _____.														
TOTAL	\$ _____.														

Signed by Municipal Representative _____

Name of Municipal Representative _____

Date Signed: _____