

CONTRACT FOR INTERMENT

DATE: _____

FULL LEGAL NAME OF DECEASED: _____

LAST ADDRESS: _____

DATE OF DEATH: YR: _____ MO: _____ DA: _____

TYPE OF BURIAL: **BODY** **CREMAINS** **REMAINS**

DATE OF BURIAL: YR: _____ MO: _____ DA: _____

GRAVELINER TYPE: _____

TIME OF BURIAL: _____

GRAVELINER SUPPLIER: **CITY** **FUNERAL HOME**

AGE AT DEATH: _____

CASKET TYPE: _____

SEX OF DECEASED: **MALE** **FEMALE** **UNKNOWN**

TYPE OF GRAVE: **OLD** **NEW**

LOCATION: **SECTION:** _____ **BLOCK:** _____ **PLOT/LOT:** _____ **DIRECTION/LEVEL:** _____

REMARKS: _____

FUNERAL HOME: **COOK SOUTHLAND** **GRACE MEMORIAL** **PATTISON** **SAAMIS MEMORIAL** **NONE** **OTHER:** _____

FUNERAL DIRECTOR NAME: _____ PHONE: _____

INTERMENT RIGHTS/PERPETUAL CARE FEE \$ _____

OPEN & CLOSE FEES \$ _____

WORK PERFORMED OUTSIDE NORMAL WORK HOURS \$ _____

SATURDAYS, SUNDAYS & HOLIDAYS \$ _____

GRAVELINER \$ _____

INSTALLATION OF GRAVELINER \$ _____

_____ \$ _____

_____ \$ _____

SUBTOTAL \$ _____

GST \$ _____

SEND INVOICE TO FUNERAL HOME: **YES** **NO** **TOTAL** \$ _____

TERMS OF CONTRACT

The undersigned, as evidenced by their signature, hereby contracts with the City of Medicine Hat for the provision of the above cemetery supplies and services and agrees to pay all amounts specified in this contract and any further amounts payable pursuant to The Cemeteries Bylaw No. 3121, to the City of Medicine Hat. The undersigned agrees to pay interest at a rate of 1.5% per month (18% per year) on all amounts unpaid after 30 days from the date of the purchaser's signature as set out below. The undersigned acknowledges and agrees that this contract is subject to the provisions of Bylaw No. 3121, as amended from time to time.

NAME OF PURCHASER: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP TO DECEASED: _____

SIGNATURE OF PURCHASER: _____ DATE: _____

CITY OF MEDICINE HAT AUTHORIZATION: _____ DATE: _____