

INTERMENT RIGHT CHANGE FORM

INTER/RESERVE OTHER INDIVIDUAL

DATE: _____

RIGHTS HOLDER: **SURNAME:** _____ **GIVEN:** _____ **INITIAL:** _____

TELEPHONE: _____ EMAIL: _____

ADDRESS: _____

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

REMARKS: _____

SIGNATURE OF RIGHTS HOLDER: _____ DATE: _____

INTER AN INDIVIDUAL OTHER THAN THE RIGHTS HOLDER

PERSON TO BE INTERRED: **SURNAME:** _____ **GIVEN:** _____ **INITIAL:** _____

This is to certify that the undersigned, has the authority to inter the above named deceased in the cemetery and, further, that the deceased has beneficial interest in the said plot. In addition the undersigned, as evidenced by their signature, hereby contracts with the City of Medicine Hat for the provision of the above cemetery services and agrees to pay all amounts specified in this contract and any further amounts payable pursuant to the Cemeteries Bylaw No. 3121 of the City of Medicine Hat.

PERSON ARRANGING INTERMENT: **SURNAME:** _____ **GIVEN:** _____ **INITIAL:** _____

TELEPHONE: _____ EMAIL: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

RESERVE AN INDIVIDUAL OTHER THAN THE RIGHTS HOLDER

This is to certify that the undersigned, has the authority to be interred in the cemetery and, further, that the reserved has beneficial interest in the said plot. In addition the undersigned, as evidenced by their signature, hereby contracts with the City of Medicine Hat for the provision of the above cemetery services and agrees to pay all amounts specified in this contract and any further amounts payable pursuant to the Cemeteries Bylaw No. 3121 of the City of Medicine Hat.

PERSON TO BE RESERVED: **SURNAME:** _____ **GIVEN:** _____ **INITIAL:** _____

TELEPHONE: _____ EMAIL: _____

ADDRESS: _____

SIGNATURE OF NEW RESERVEE: _____ DATE: _____

ADMINISTRATION FEE = \$ _____

GST = \$ _____

TOTAL = \$ _____

CITY OF MEDICINE HAT AUTHORIZATION: _____ DATE: _____