



Today's Date: _____

Name of Funeral Home: _____

Name of Deceased:	
Date of Service:	
Date of Birth:	
Date of Death & Place:	
Funeral Director & Phone #:	
ETA of Service:	

Burial

Grave Liner:	<input type="checkbox"/> Infant	<input type="checkbox"/> Reg. Adult	<input type="checkbox"/> Oversize	
Box Supplier	<input type="checkbox"/> Legacy	<input type="checkbox"/> Paul Stein	<input type="checkbox"/> Bridge Vault	<input type="checkbox"/> Other
Greens:	Supplied by: <input type="checkbox"/> Funeral Home <input type="checkbox"/> Family (Greens will not be supplied by the Town for burials)			

Cremation

Cremation:	Services are done by: <input type="checkbox"/> Family <input type="checkbox"/> Funeral Home
Greens:	Supplied by: <input type="checkbox"/> Town <input type="checkbox"/> Funeral Home <input type="checkbox"/> Family (Greens will only be supplied by Town for families burying an urn)

Standard hole size: 16" diameter by 30" - 36" deep (Dirt is left beside the hole)

Special instructions for hole size/diameter: _____

Location of Urn: (maximum 3 per grave plot)

West ☐ ☐ ☐ East

OFFICE ONLY. DO NOT FILL IN BELOW THIS LINE.

DESCRIPTION	SUBTOTAL	GST	TOTAL
Plot			
Columbarium Niche			
Interment - Open & Close			

Location @ Cemetery	Block:	Lot:	Plot:	Next to:
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Magrath Cemetery Contact Person: Trevor Millward - 587-220-1095

Please email a copy of the burial permit to
reception@magrath.ca or by fax at 403-758-6333