

INURNMENT OF ASHES FORM 2019-2020

Name of Deceased			
Last Known Address			
Age		Sex (male/female)	Date of Death
Lease: New <input type="checkbox"/> Old <input type="checkbox"/> Pre-need <input type="checkbox"/>		Single <input type="checkbox"/> Double <input type="checkbox"/>	Inurnment: First <input type="checkbox"/> Second <input type="checkbox"/>
Section Required:			
Sandstone Niche Wall <input type="checkbox"/>	Niche Wall <input type="checkbox"/>	Shrub Garden <input type="checkbox"/>	
Rose Garden 28 <input type="checkbox"/>	Rose Garden 20 <input type="checkbox"/>	Rose Garden 21 <input type="checkbox"/>	
Rose Garden 19 <input type="checkbox"/>	Moss Rocks <input type="checkbox"/>	Rose Garden <input type="checkbox"/>	
Remembrance Water Feature <input type="checkbox"/>	Rotunda Niche Wall <input type="checkbox"/>	Rotunda Garden Bed <input type="checkbox"/>	
Site No:			
Ashes Obtainable From:			
Name of Lessee			
Address of Lessee			
Telephone No.			
Email			
Relationship to Deceased			
Name of Funeral Director			
Address of Funeral Director			
Telephone No.		Fax No.	
Signature		Date	
Lease Fee		CMLRG	\$
Plaque		CMPIRG	\$
Other		CMPIRG	\$
Total	<i>(cheques are to be made payable to City of Salisbury)</i>		\$
Receipt No. & Date Paid			
DATAWORK No:	<u>ADDITIONAL INSTRUCTIONS:</u>		
CEMETERY DATA <input type="checkbox"/>			

