

ASHES BURIAL FORM 2019 - 2020

Name of Deceased					
Last Known Address					
Age		Sex (Male/Female)		Date of Death	
Section:				Site No:	
Authorized By					
Address					
Telephone No.					
Relationship to Deceased					
Name of Funeral Director					
Address of Funeral Director					
Telephone No.				Fax No.	
Signature				Date	
Burial of Ashes	<i>(cheques are to be made payable to City of Salisbury)</i>				\$415
Code: Lawn - CMBFLS	Receipt No.				
<p>Details: Please Indicate If You Would Like to Be Present at the Burial of the Ashes Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please indicate a time and date – we will confirm this appointment (please keep in mind we are available Monday – Friday between 9.00am – 4.00pm and we require a minimum of 2 business days' notice)</p> <p>Day, Date and Time _____</p> <p>Urn Size _____ cm h x _____ cm w x _____ cm d</p> <p><u>Any Other Special Instruction :</u></p>					
OFFICE USE ONLY					
Date:			Datwork No:		
Entered in Cemetery Data <input type="checkbox"/>			Certificate Posted:		
Emailed Cemetery <input type="checkbox"/>			Lease Certificate No:.....		