



Billed:
 Entered in Book:
 Entered in System:

TO BE FILLED OUT BY A LICENSED FUNERAL HOME

Temple Hill Cemetery Service Request Form

Name of Funeral Home: _____

Funeral Home Contact #: _____ Funeral Home Fax #: _____

Name of Deceased: _____ Age: _____

Date of Death: _____ Place of Death: _____

Location of Grave: Row ____ Block ____ Plot ____ Next to: _____

Location for Columbarium Niche: Row ____ Block ____ Plot ____

Date of Service: _____ Time of Service: _____

Place of Service: _____ Estimated Time of Arrival at Cemetery: _____

Graveliner: Concrete Box _____ Funeral Director: _____
 Vault _____
 Other _____

Special Instructions: _____

Burial Fees to be billed to: _____ Funeral Home
 _____ Family
 Family Address: _____

Cemetery Charges:
 Plot(s): _____
 Open/Close: _____
 Total: _____
 Date: _____

Columbarium Charges:
 Niche & Plate: _____
 Open/Close: _____
 Total: _____
 Date: _____

Cemetery Contact Person: _____

**PLEASE FILL IN THE BLUE PORTIONS AND COMPLETE THESE FORMS AND FAX
 BACK TO US AT 403.752.4379.**



Family Signature and Approval Form

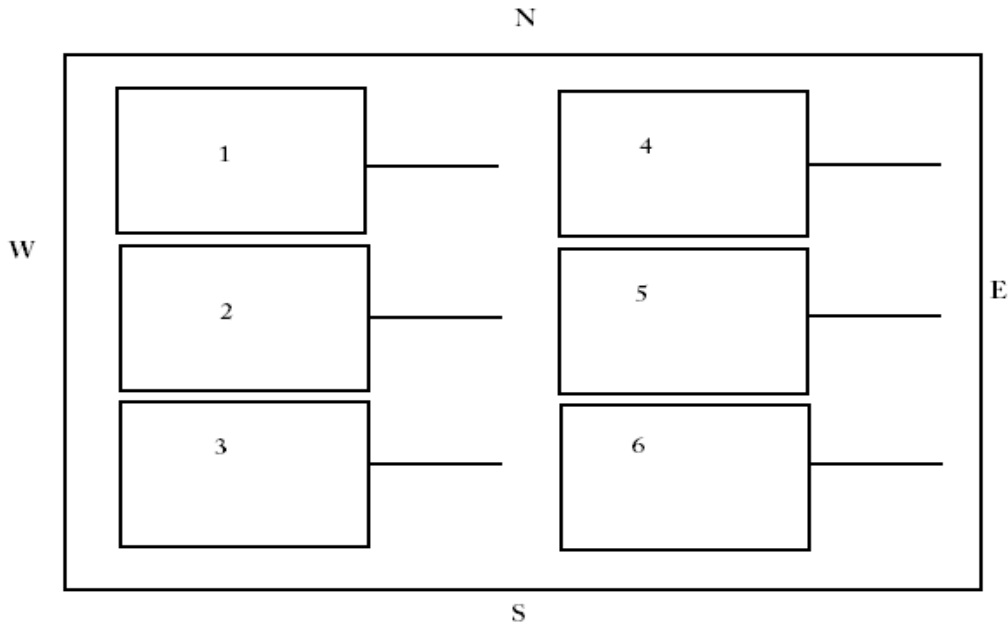
Temple Hill Cemetery

Name of Deceased: _____

Row: _____

Block: _____

Plot: _____



Please initial beside designated plot above and sign below.

FAMILY SIGNATURE OF APPROVAL: _____

Family Phone Number: _____

**** Please ensure that the family of the deceased is 100% sure that this is the correct location of the burial plot otherwise, contact the Town of Raymond for clarification.

*******THE TOWN WILL NOT ACT (DIG THE PLOT) UPON ANY REQUEST UNTIL THE FOLLOWING FORMS ARE RECEIVED:**

- 1) Alberta Government Burial Permit**
- 2) Temple Hill Cemetery Request Form**
- 3) Family Signature and Approval Form**