



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.

210 N 200 W, P.O. BOX 629,
RAYMOND, AB, T0K 2S0



P (403) 752.3322 F (403)
www.raymond.ca

Family Signature and Approval Form

Temple Hill Cemetery – Columbarium

Name of Deceased: _____

Row: _____

Block: _____

Plot: _____

A						
B						
C						
D						
	1	2	3	4	5	6

Please initial inside the designated box above and sign below.

FAMILY SIGNATURE OF APPROVAL: _____

Family Phone Number: _____

****The Town of Raymond uses Southern Monument to engrave the name plates, it is the responsibility of the family to cover the cost and to work directly with Southern Monument to have this completed.

*******THE TOWN WILL NOT ACT UPON ANY REQUEST UNTIL THE FOLLOWING FORMS ARE RECEIVED:**

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