



Consent For Interment

2249 Loop Road, P.O Box 295 Wilberforce, ON
K0L 3C0

Tracy Millar, 705-448-2981 ext: 421 tmillar@highlandseast.ca
Robyn Rogers, Clerk, ext: 422 rrogers@highlandseast.ca

I /We, as the undersigned, as the owner(s) / as Executor(s) / as Beneficiary of the Estate of the late _____ give permission to the Corporation of the Municipality of Highlands East to perform interment for _____:

Plot Location

Cemetery: Deer Lake Essonville Gooderham McGillvary South Wilberforce

Concession: _____ Block: _____ Section Number: _____ Lot Number: _____ Plot: _____

Columbarium: _____ Number _____

Interment Type:

Cremation Full Burial

Special Instructions

Date Interment Scheduled For: _____
mm/dd/yyyy

Time Interment Scheduled For: _____AM _____PM

Signature of Rights Holder/Executor Printed: _____

Name of Rights Holder/Executor: _____

Signature of Witness

Printed Name of Witness

Dated: _____
mm/dd/yyyy

For Office Use Only:

| Task | Date Completed | Initials |
|--|----------------|----------|
| <input type="checkbox"/> Ownership confirmed | _____ | _____ |
| <input type="checkbox"/> Confirmation sent to Funeral Home | _____ | _____ |
| <input type="checkbox"/> Burial Permit | _____ | _____ |
| <input type="checkbox"/> Certificate of Cremation | _____ | _____ |
| <input type="checkbox"/> Work Order issued | _____ | _____ |
| <input type="checkbox"/> Grave Opened | _____ | _____ |
| <input type="checkbox"/> Grave Closed | _____ | _____ |
| <input type="checkbox"/> Payment Received | _____ | _____ |