



Taber Memorial Gardens Transfer of Burial Rights To Third Party



TRANSFER INFORMATION

OWNER(S) INFORMATION *Must be Original Title Holder, Personal Representative, or Executor or Beneficiary of Estate*

NAME _____

ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

PHONE _____

GRAVE LOCATION(S):

ROW	BLOCK	PLOT	GRAVE	ROW	BLOCK	PLOT	GRAVE
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

TYPE OF PLOT:

ADULT NEW (5'x10') _____

ADULT OLD (4'x8') _____

VETERAN Field of Honour _____

OTHER _____

TRANSFERED TO INFORMATION

NAME _____

ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

PHONE _____

BILLING INFORMATION

FEES PAYABLE TO TOWN OF TABER:

NUMBER OF GRAVES	SERVICE	COSTS
	TRANSFER OF GRAVES	\$ _____
	GST	\$ _____
	TOTAL	\$ _____

INVOICE TO:

NAME _____

ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

PHONE _____

PROMISSORY NOTE & AUTHORIZATION OF TRANSFER *ALL ACCOUNTS ARE DUE WITHIN THIRTY (30) DAYS FROM THE DATE OF BILLING*

I, _____ promise to pay, on demand, to the Town of Taber the sum of _____ dollars (\$ _____) for the transfer of grave (s) on _____.

SIGNATURE OF OWNER	DATE	PHONE
_____	_____	_____
SIGNATURE OF TRANSFER	DATE	PHONE
_____	_____	_____

OFFICE USE ONLY

SIGNATURE OF CEMETERY CLERK _____ DATE _____