



## **BURIAL REQUEST**

**DATE:** \_\_\_\_\_

**Funeral Home:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Deceased Person Name:** \_\_\_\_\_

**Cemetery:** \_\_\_\_\_

**Burial Date:** \_\_\_\_\_

**Burial Time:** \_\_\_\_\_

**Burial Type:** Casket  Vault  Cremated Remains

**Note/Comments:** \_\_\_\_\_  
\_\_\_\_\_

Authorized By: \_\_\_\_\_

Funeral Home

Rights Holder Representative

Please complete and fax (705)724-5385 or email

[admin@nipissingtownship.com](mailto:admin@nipissingtownship.com)

Office Use:

Lot Location Complete

Pre-Paid  Amount due at Burial \$\_\_\_\_\_ Paid to Attendant

Request Received by: \_\_\_\_\_

Date Completed: \_\_\_\_\_