



BURIAL REQUEST

DATE: _____

Funeral Home: _____

Contact Name/Email: _____

Phone #: _____ Fax #: _____

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

Office Use:

Lot Location Complete

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

Request Received by: _____

Date Completed: _____