



502 2ND Avenue-Box 299
 Bassano, AB T0J 0B0
 www.bassano.ca

ORDER FOR INURNMENT

NAME OF DECEASED: _____

LAST ADDRESS: _____

DATE OF BIRTH: YEAR: _____ MONTH: _____ DAY: _____

DATE OF DEATH: YEAR: _____ MONTH: _____ DAY: _____

FUNERAL HOME: _____

SIZE OF URN: HEIGHT: _____ WIDTH: _____ Length: _____ Type of Urn: _____

LOCATION: Block: _____ Lot: _____ Plot: _____

DATE OF FUNERAL: YEAR: _____ MONTH: _____ DAY: _____ TIME: _____

CLERGY: _____

DENOMINATION: _____

PLOT/Niche	\$ _____
OPENING & CLOSING	\$ _____
SUB TOTAL	\$ _____
G.S.T.	\$ _____
TOTAL	\$ _____

NEXT OF KIN: NAME _____

ADDRESS: _____

RELATIONSHIP: _____

PURCHASHER: NAME: _____

ADDRESS: _____

TELEPHONE: _____

SIGNATURE _____

TOWN OF BASSANO
 AUTHORIZATION

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