

Burial Request Form

To initiate a burial request, complete this form and submit to the Clerk at bdrury@georgianbluffs.ca.

Funeral Home: _____

Contact Name: _____

Telephone: _____

Complete Mailing Address: _____

Contract / Deed Number (if you already own the rights to a plot): _____

Name of Deceased: _____

Date of Birth: _____ Date of Death: _____

Cemetery: _____ Plot Number: _____

Burial Type: _____

Burial Date and Time: _____

Notes/Comments:
