



INTERMENT ORDER

Municipality of West Perth
 160 Wellington Street, PO Box 609, Mitchell, ON N0K 1N0
 clerk@westperth.com | 519-348-8429 ext. 223

Carlingford Union Cemetery: 5320 Line 26, Carlingford
 Roy's United Church Cemetery: 6262 Line 16, Fullarton

North Logan Cemetery: 6742 Line 53, Logan
 Staffa Cemetery: 3456 Perth Road 180, Staffa

Full Name of Deceased			
Maiden Name (If Applicable)			
Place of Birth		Date of Birth	
Place of Death		Date of Death	
Interment Date		Interment Time	
Interment Rights Holder(s)			
Cemetery			
Lot Location	Section _____ Row _____ Grave _____		
Interment Type	Casket _____ Cremation _____		
Graveside Service	Yes _____ No _____		
Funeral Home			
Contact Person		Number	
Special Instructions			
Interment Ordered By			
Relationship to Deceased			
Address			
Email		Number	

CONSENT

I hereby certify that I am the (give relation) _____ of the above-named deceased and I hereby give authority to make disposition of the remains of said decedent as indicated above. I hereby certify and represent that I have the right to make this authorization and I agree to hold the Cemetery harmless from any liability on account of said authorization and interment. I hereby declare that I will abide by the conditions as set out by Cemetery By-law 52-2022.

_____ (Print Name) _____ (Date)
 _____ (Signature of Interment Rights Holder/Executor/Legal Representative)

Please Note: Interments cannot be made without a Burial Permit or Cremation Certificate and properly signed orders. A minimum of sixteen (16) business hours of notice is required by the Cemetery Operator.

FOR OFFICE USE ONLY:

Amount Due \$ _____ Paid in Full _____ Work Completed _____