



Taber Memorial Gardens Exchange of Burial Rights



EXCHANGE INFORMATION

OWNER(S) INFORMATION *Must be Original Title Holder, Personal Representative, or Executor or Beneficiary of Estate*

NAME _____

ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

PHONE _____

CURRENT GRAVE LOCATION(S):

ROW BLOCK PLOT GRAVE ROW BLOCK PLOT GRAVE

ROW BLOCK PLOT GRAVE ROW BLOCK PLOT GRAVE

TYPE OF PLOT:

ADULT NEW (5'x10') _____
 ADULT OLD (4'x8') _____
 VETERAN Field of Honour _____
 OTHER _____

EXCHANGED FOR INFORMATION

REQUESTED GRAVE LOCATION(S):

ROW BLOCK PLOT GRAVE ROW BLOCK PLOT GRAVE

ROW BLOCK PLOT GRAVE ROW BLOCK PLOT GRAVE

TYPE OF PLOT:

ADULT NEW (5'x10') _____
 ADULT OLD (4'x8') _____
 VETERAN Field of Honour _____
 OTHER _____

BILLING INFORMATION

FEES PAYABLE TO TOWN OF TABER:

NUMBER OF GRAVES	SERVICE	COSTS
	TRANSFER OF GRAVES	\$
	GST	\$
	TOTAL	\$

INVOICE TO:

NAME _____
 ADDRESS _____
 CITY _____ PROV. _____ POSTAL CODE _____
 PHONE _____

PROMISSORY NOTE & AUTHORIZATION OF EXCHANGE *ALL ACCOUNTS ARE DUE WITHIN THIRTY (30) DAYS FROM THE DATE OF BILLING*

I, _____ promise to pay, on demand, to the Town of Taber the sum of _____ dollars (\$ _____) for the exchange of grave (s) on _____.

SIGNATURE OF OWNER

DATE

PHONE

OFFICE USE ONLY

SIGNATURE OF CEMETERY CLERK

DATE