



Taber Memorial Gardens Pre-Planning Contract & Promissory Note



OWNER/PURCHASER INFORMATION

OWNER: _____
SURNAME FIRST

PURCHASER *(if different than owner)*: _____
SURNAME FIRST

LOCATION:	TYPE OF PLOT:	GRAVE LOCATIONS:			
OLD SECTION: _____	ADULT NEW (5'x10') _____	ROW	BLOCK	PLOT	GRAVE
NEW SECTION: _____	ADULT OLD (4'x8') _____	ROW	BLOCK	PLOT	GRAVE
	VETERAN <small>Field of Honour</small> _____	ROW	BLOCK	PLOT	GRAVE
	OTHER _____	ROW	BLOCK	PLOT	GRAVE

OWNER(S) INFORMATION:

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

BILLING INFORMATION

FEES PAYABLE TO TOWN OF TABER:			INVOICE TO:		
NUMBER OF GRAVES	SERVICE	COSTS	NAME _____ ADDRESS _____ CITY _____ PROV. _____ POSTAL CODE _____ PHONE _____		
	GRAVE SITE <small>INCLUDING PERPETUAL CARE</small>	\$			
	GST	\$			
	TOTAL	\$			

PROMISSORY NOTE

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 grave (s) purchased on _____.

 SIGNATURE DATE PHONE

OFFICE USE ONLY

 SIGNATURE OF CEMETERY CLERK DATE