



Taber Memorial Gardens

Return of Burial Rights to Town of Taber



OWNER(S) INFORMATION

OWNER(S): _____

SURNAME

FIRST

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 _____

REFUND AMOUNT EACH: (higher of the two choice according to Cemetery Bylaw)

85% of Original Purchase Price: \$ _____ **OR** 35% of Current Selling Price: \$ _____

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

NAME _____

ADDRESS _____

CITY _____

PROV. _____

POSTAL CODE _____

PHONE _____

BILLING INFORMATION

FEES PAYABLE FROM TOWN OF TABER:

PAYABLE TO (if different than seller):

NUMBER OF GRAVES	SERVICE	COSTS
	REFUND OF GRAVES	\$
	TOTAL	\$

NAME _____

ADDRESS _____

CITY _____

PROV. _____

POSTAL CODE _____

PHONE _____

AUTHORIZATION

SIGNATURE OF SELLER

DATE

PHONE

SIGNATURE OF SELLER

DATE

PHONE

OFFICE USE ONLY

SIGNATURE OF CEMETERY CLERK

DATE