

APPLICATION FOR GRAVE PLOT

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SCHEDULE B PLOT # (S)							
Per Plot Price: \$ Plot Purchase \$ Total \$							
Method of Payment:	Date Paymer	Date Payment Completed:					
Plot Purchaser(s):							
	Family Name:Spouse:						
Address:	City:	Prov:Postal Code:	_				
Phone Number:	E-mail:						
Next of Kin and/or Plot Designate	<u>(s):</u>						
Given Name: Relationship: Spouse:	Age:	Plot:					
Address:	City:	Prov: Postal Code:					
Phone Number:	E-mail:						
Given Name:Relationship:	Family Name: Age:						
Spouse: Address:		Plot: Prov: Postal Code:					
Phone Number:	•						
Signature of Plot Holder/Applicant	Date:						
Lorneville & Seaview Cemeteries In	Date:						
Approval of Application	Receipt #	Deed Issued:					

