

**CONTRACT FOR PURCHASE OF INTERMENT RIGHTS
OR CEMETERY SUPPLIES OR SERVICES IN
HILLCREST CEMETERY**

OPERATED BY: The Corporation of the Town of Smiths Falls
77 Beckwith Street N., Smiths Falls, Ontario, K7A 4T6

DATE OF PURCHASE (Day/Month/Year): _____

BILL TO:

RIGHTS TO:

DECEASED (At Need Only)

Name:
Place of Death:
Date of Death (Day/Month/Year):
Funeral Director/Transfer of Services:

INTERMENT RIGHTS:

Adult Lot:	Lot/Plot _____	Section _____	Spaces _____	Area of _____	Sq ft \$ _____
Child Lot:	Lot/Plot _____	Section _____	Spaces _____	Area of _____	Sq ft \$ _____
Cremation Lot:	Lot/Plot _____	Section _____	Spaces _____	Area of _____	Sq ft \$ _____
Mausoleum Crypt:	Lot/Plot _____	Section _____	Spaces _____	Area of _____	Sq ft \$ _____
Columbarium Niche:	Lot/Plot _____	Section _____	Niche _____	Area of _____	Sq ft \$ _____

Subtotal (Interment Rights) \$ _____

Amount to Care and Maintenance: \$ _____
Repurchase Price: \$ _____

SERVICES/SUPPLIES (At-Need _____ Pre-Need _____)
(Please list all services provided by the cemetery)

Interment Fees	\$ _____
Markers	\$ _____
Subtotal (Services/Supplies)	\$ _____
Amount to Care & Maintenance Markers	\$ _____

TOTAL COSTS

SUBTOTAL (INTERMENT RIGHTS & SERVICES/SUPPLIES)	\$ _____
HST (Where Applicable)	\$ _____

TOTAL SALE	\$ _____
LESS DOWN PAYMENT	\$ _____
BALANCE DUE	\$ _____

It is agreed between the parties that the contract is subject to the By-Laws of the cemetery and the Purchaser hereby acknowledges receipt of a copy of the By-Laws and the "Conditions of Contact" attached have been read and understood.

ORDERED BY: _____
(Signature of Purchaser)

(Signature of Cemetery Owner/Cemetery Representative)