



INTERMENT PERMIT, SCHEDULE 'C'

Greenwood Cemetery Management Bylaw No. 825, 2009
PO Box 129, 202 S Government Ave, Greenwood, BC, V0H 1J0
Tel: 250-445-6644 Fax: 250-445-6441

I, _____ (Authorized Person)

hereby authorize the Corporation of the City of Greenwood to inter the:

REMAINS / ASHES of _____ (name)

in Block _____ Plot _____ of the Greenwood Cemetery, 2390 Boundary Creek Road, Greenwood, BC

on the _____ day of _____, 20____ at _____ am/pm and agree to pay the following fees in advance:

OPENING & CLOSING GRAVE FOR: BURIAL - \$450.00 + HST
CREMATED REMAINS - \$150.00 + HST

Date of Death: _____ Age of Deceased: _____ Sex: M F

Death from Infectious Disease: YES NO If yes, name of attending Physician: _____

Funeral Home: _____ Tel: _____

LAWFUL AUTHORITY DECLARATION:

I DECLARE, REPRESENT AND WARRANT TO THE CITY OF GREENWOOD THAT:

- (a) I am either;
 - (i) The Interment Rights Holder for this plot OR
 - (ii) The Executor or Administrator of the Interment Right Contract Holder

Relationship to Deceased: _____ Address: _____

(b) In consideration of the City of Greenwood relying on this Authorization in permitting interment of the remains of the Deceased in this plot, I hereby for myself, my heirs, executors, administrators and successors:

- (i) release and forever discharge the City of Greenwood, its officers and employees, from any and all lawsuits or potential lawsuits, claims for compensation for damage, loss or injury which has been or may be sustained as a consequence of interring the remains of the deceased; and
- (ii) agree to indemnify and save the City of Greenwood, its officers and employees harmless from all claims or possible claims referred to in (b)(i) above.

GRAVES WILL BE OPENED NO LATER THAN TWO HOURS PRIOR TO FUNERAL AND WILL BE CLOSED ON THE SAME DAY OF THE FUNERAL, WITHIN A MAXIMUM OF THREE HOURS FROM THE TIME SPECIFIED ABOVE.

IT IS MANDATORY THAT THE FUNERAL DIRECTOR (OR OTHER RESPONSIBLE ADULT) STAY AT THE GRAVESITE UNTIL THE OPERATOR RETURNS TO COVER THE GRAVE

I DECLARE, AGREE AND ACCEPT THE ABOVE WRITTEN LICENSE UPON THE TERMS AND SUBJECT TO THE CONDITIONS EXPRESSED.

SIGNATURE OF AUTHORIZED PERSON

DATE

FOR OFFICE USE ONLY	
Date License Issued: _____	Processed by: (name of employee): _____
Date Work completed: _____	Authorized Signatory _____
P/W Signature: _____	Cemetery Receipt Number: _____



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INTERMENT PERMIT SITE MAP

GREENWOOD CEMETERY, 2390 BOUNDARY CREEK ROAD

FOR PLOT# _____ DECEASED NAME _____

ROADWAY ROW # _____

ROADWAY ROW # _____

COMMENTS: _____
