

Schedule "C" – Interment Authorization (for burial or cremation)



"Experience Hope"

DISTRICT of HOPE

325 Wallace Street, P.O. Box 609 Hope, B.C. V0X 1L0
Phone: 604-869-5671 Facsimile: 604-869-2275
Website: www.hope.ca Email: Info@hope.ca

DECEASED INFORMATION

Date: _____

Name: _____ Age: _____

Address: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

NEXT OF KIN

Name: _____ Relationship to Deceased: _____

Address: _____ City/Prov: _____

Postal Code: _____ Phone: _____ Email: _____

INTERMENT TYPE

[] Burial [] Cremation* [] Cremation/Burial No: _____

*Original Certificate of Cremation to accompany this form Crematorium: _____

CEMETERY

[] Mountainview [] Mountainview RCL [] Old Town of Hope (Heritage)

Lot Location: _____ Section: _____

Interment Date: _____ Time: _____

Funeral/Memorial Service Date: _____ Time: _____

Funeral Home: _____ Telephone: _____

(Int.) We wish to witness the casket lowering. We agree to follow all instructions issued by the interment supervisor while this service is performed.

ADDITIONAL RIGHT OF INTERMENT REQUEST

[] Spouse to be interred in same location _____

AUTHORIZATION

This authorization acknowledges that the information provided and services and products selected by me are accurately reflected herein and that the use, memorialization and visitation of a lot in District of Hope cemeteries is subject in every way to the Cemetery Management Bylaw, and rules and regulations of the District of Hope cemeteries as they may be in effect at the time of interment or as may be amended time-to-time thereafter.

Under "Order of Priority" provisions of the Cremation, Interment and Funeral Services Act of BC I certify that I am the legally authorized representative of the above named deceased. Further I certify that I have the full legal right to authorize use of the above identified lot, do hereby authorize the interment of the above named deceased under the terms and conditions outlined herein and accept all responsibility for costs associated with this authorization. I agree to indemnify and hold harmless the District of Hope, its officer and employee, from liability, costs, expenses or claims resulting from this application.

Signature of Authorized Person Printed Name Relationship to Deceased

Address: _____ City/Prov: _____

Postal Code: _____ Phone: _____ Email: _____

[] Open/close/liner Receipt # _____ Date _____

[] Marker/care fund Receipt # _____ Date _____