



Town of Englehart

Corporation of the Town of Englehart, 61 Fifth Avenue, P.O. Box 399, Englehart, Ontario P0J 1H0
Tel: (705) 544-2244 License No. 3304385

Columbarium Plaque Order Form

<u>LOCATION AND DESCRIPTION OF ITEM PURCHASED</u>					
Order Form #				Interment Rights Certificate #:	
Plaque Style:		Wreath Scroll Ends			
Type of Plaque:					
Section:		Columbarium:		Niche:	
<p>*Single Name Plaques are cast with the information centered and do not have room to support a second name. <u>This Plaque</u> design is intended for a single Niche inurnment compartment ONLY. Reference page 3 for a visual illustration for Type of Plaque.</p>					

When completing the Plaque Details section of this form: If only one individual's name is being put on the plaque, please fill out only one first name section. It will be centered on the plaque. It does not require 2 first names. Please see page 3 for examples. Please enter N/A for dates of death if this is a pre-need purchase.

PLAQUE DETAILS

Single Name/Two Names/ One Last Name/ Two Last Names/End Date:			
Left Side Last Name:		Right Side Last Name:	
Left Side First Name:		Right Side First Name:	
Date of Birth: (DD/MM/YYYY)		Date of Birth: (DD/MM/YYYY)	
Date of Death: (DD/MM/YYYY)		Date of Death: (DD/MM/YYYY)	

Bronze Plaque Purchase	
Purchase Price:	\$
Installation Fee:	\$
Shipping:	\$
HST:	\$
Total Owing:	\$

Rights Holder's Initials _____

Payment Terms and Conditions:

- The Niche Plaque shall be paid in full at the time of this purchase.
- Full payment for the Plaque is required before the Plaque can be ordered and the service can be provided.

_____ I have reviewed the order form's terms and conditions and hereby confirm that the location and description specified in this contract are complete and correct. I direct the Cemetery Operator to proceed with the sale of the Columbarium Plaque Order Form as identified in this contract in accordance with the Englehart Cemetery By-law which are now or any time hereafter in force.

_____ I acknowledge having received a copy of this contract and will assume full responsibility for payment of the total contract amount to the operator in accordance with the contract's terms and conditions.

Printed Name of Rights Holder

Interment Rights Certificate Number

Rights Holder Signature

Date

Accepted on behalf of the Cemetery Operator by:

Licensed Sales Representative Name

Date

Licensed Sales Representative Signature

Rights Holder's Initials _____

WREATH - SCROLL ENDS



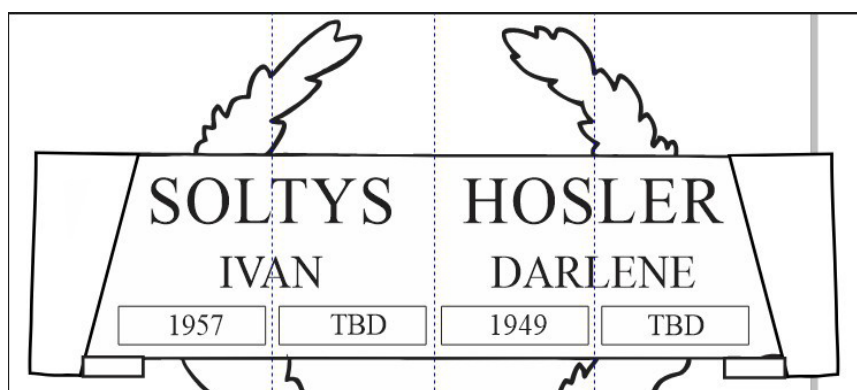
Year Dates - Single Name

WREATH - SCROLL ENDS



Year Dates - Two Names

WREATH - SCROLL ENDS



TWO LAST NAMES
