



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

Memory Wall Plaque Order Form

LOCATION AND DESCRIPTION OF ITEM PURCHASED					
Order Form #					
Section		Columbarium		Placement	

Last Name:	
First Name:	
Date of Birth	
Date of Death:	

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

Payment Terms and Conditions:

- The Memory Wall 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 Memory Wall Plaque Order Form as identified in this contract in accordance with the Town of Englehart Cemetery By-Law which are now or anytime 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.

Right Holder's Initials _____

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

Right Holder's Initials _____