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Permission for Interment / Disinterment/ Monument Installation by Owner(s)

Who should use form: This form is to be used by the current living Interment Rights Holder registered at Riverside Cemetery located in Gillies Township. **If the Interment Rights Holder is deceased, the executor, or in their absence the next-of-kin of the deceased may use this form.**

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Please choose from the following options below:

1. I do hereby authorize Riverside Cemetery to inter the **body ( ) or cremated remains ( )** of:

\_\_\_\_\_  
In Grave # \_\_\_\_\_ of Plot # \_\_\_\_\_, as permitted by the Gillies Township Cemetery By-laws. (see description of grave numbers below).

2. I do hereby authorize Riverside Cemetery to disinter the **body ( ) or cremated remains ( )** of:

\_\_\_\_\_  
In Grave # \_\_\_\_\_ of Plot # \_\_\_\_\_, as permitted by the Gillies Township Cemetery By-laws. (see description of grave numbers below)

3. I do hereby authorize Riverside Cemetery to install a monument for the remains of:

\_\_\_\_\_  
In Grave # \_\_\_\_\_ of Plot # \_\_\_\_\_, as permitted by the Gillies Township Cemetery By-laws. (see description of grave numbers below)

**Cemetery By-laws**

Please refer to the By-laws of Riverside Cemetery for regulations that exist for this lot. A copy of the current By-law is available without charge at the Township of Gillies Municipal Office.

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## Interment/Disinterment/Monument Installation Instructions

Plot # \_\_\_\_\_

Plot is a (check one) Quad Plot ( ☐ ) Double Plot ( ☐ ) Single Plot ( ☐ )

Quad Plot Description

Grave 1	Grave 2
Grave 3	Grave 4

Double Plot Description

Grave 1	Grave 2
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Single Plot Description

Grave 1
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Please indicate by placing an X on the appropriate plot as shown above to indicate burial placement.

### Attestation and Signatures

By signing this form, I attest that I am the legal rights holder to the plot indicated on this form and take full responsibility for the accuracy of the information provided. I fully understand that I may be held liable for any misrepresentation or misinformation provided.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Heir relationship (i.e. spouse, child, grandchild) \_\_\_\_\_

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By signing this form, I attest that I fully understand I may be held liable for any misrepresentation or misinformation provided.

"I, \_\_\_\_\_, solemnly declare that the information on this form is correct, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me \_\_\_\_\_ (commissioner name) at \_\_\_\_\_  
(municipality), in the district of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_."

Commissioner Stamp & Signature