



1092 Highway 595 | Kakabeka Falls | ON | POT 1W0

Phone: 807-475-3185

## Permission for Interment 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 of the estate may use this form.

If the Interment Rights Holder is deceased, in lieu of the executor, all the immediate children must give permission for the interment. Use the form **Permission for Interment/disinterment/monument installation by heirs.** 

II Glave #_		of Plot #		, preser	tly owned by me,	as permitted by the
Gillies Tow	nship Cemete	ry By-laws. (see des	cription o	f grave numb	ers below)	
Cemetery E	By-laws					
lease refe	r to the By-lav	ws of Riverside Ceme	etery for i	regulations th	nat exist for this lo	t. A copy of the
urrent By-	law is availab	le without charge at	the Towr	nship of Gillie	s Municipal Office	
nterment	Rights Owned	I				
lot#						
lot owned	lis a Ichack or	ne) Quad Plot ( ) Do	nuhle Plot	/ \ Single DI	o+ / \	
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Quad Plot D	·			ot Description	J. ( )	Single Plot Description
	·				St ( )	Single Plot Description
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Quad Plot D	escription	· · · · · · · · · · · · · · · · · · ·	Double Plo	t Description	St ( )	
Quad Plot D	escription	· · · · · · · · · · · · · · · · · · ·	Double Plo	t Description	St ( )	
Quad Plot D Grave 1	escription Grave 2	· · · · · · · · · · · · · · · · · · ·	Double Plo	t Description		
Quad Plot D	escription	· · · · · · · · · · · · · · · · · · ·	Double Plo	t Description		
Quad Plot D Grave 1	escription Grave 2	· · · · · · · · · · · · · · · · · · ·	Double Plo	t Description		

Please indicate: the location of all graves; which graves have full interments or cremation interments; location of all monuments; location of all markers; which grave you are granting permission to be used; what names and dates are on the monuments where possible. (use a separate sheet of paper if needed).

## **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)	
Print Name:	Signature:	Date:
Heir relationship (i.e. spouse,	child, grandchild)	
Print Name:	Signature:	Date:
Heir relationship (i.e. spouse,	child, grandchild)	
Print Name:	Signature:	Date:
Heir relationship (i.e. spouse,	child, grandchild)	
Print Name:	Signature:	Date:
Heir relationship (i.e. spouse,	child, grandchild)	
Print Name:	Signature:	Date:
Heir relationship (i.e. spouse,	child, grandchild)	
Print Name:	Signature:	Date:
Heir relationship (i.e. spouse,	child, grandchild)	
Print Name:	Signature:	Date: