



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

Phone: 807-475-3185

Permission for Intern	nent/disinterm	ent/monu	ment instal	lation by heir(s)	).	
I/We the undersigned he	eir(s) of the late: _					
do hereby authorize Rive	erside Cemetery to	o (circle one	e below)			
inter the body of						
inter the cremains of						
disinter the body of						
disinter the cremains of						
install a monument for:						
In Grave # of Plot #, presently owned by me/us, 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.						
Interment Rights Owned Plot # Plot owned is a (check o				ot ( )		
Quad Plot Description		Double Plo	ot Description		Single Plot Description	
Grave 1 Grave 2		Grave 1	Grave 2		Grave 1	
Grave 3 Grave 4						

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)	