

PERMIT TO INTER

SECTION 1: DECEASED INFORMATION:

| | | | |
|----------------------------|--------------------|-----------------|--------------|
| DATE: | PLOT NUMBER: | | |
| NAME: | | AGE: | SEX: |
| ADDRESS: | | CITY, PROVINCE: | POSTAL CODE: |
| DATE OF BIRTH: | PLACE OF BIRTH: | | |
| DATE OF DEATH: | PLACE OF DEATH: | | |
| MOTHERS FULL NAME: | FATHERS FULL NAME: | | |
| OTHER GENERAL INFORMATION: | | | |

SECTION 2: FUNERAL QUESTIONS

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| 1. IS THE BODY TO FACE EAST OR WEST WHEN PUT IN THE GRAVE? | |
| 2. IS IT AN OVERTSIDED CASKET? *if yes, please provide dimensions, including the handles | |
| 3. IS THE COFFIN TO BE LOWERED BEFORE OR AFTER THE CEREMONY? | |
| 4. IS THE COFFIN GOING TO BE LEFT ON THE STRAPS UNTIL THE FAMILY LEAVES? | |

SECTION 3: NEXT OF KIN

| | | |
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| NAME: | RELATIONSHIP WITH DECEASED: | |
| ADDRESS: | CITY PROVINCE: | POSTAL CODE: |
| PHONE: | EMAIL: | |

SECTION 4: FEES PAID INCLUDE:

| | |
|----------------------|--------|
| OPENING AND CLOSING: | |
| MEMORIAL MARKER: | |
| PERPETUAL CARE FUND: | |
| OTHER: | TOTAL: |

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SECTION 5: AUTHORIZATION

This authorization acknowledges that the information provided, and services selected by me are accurately reflected herein and that the use, memorialization and visitation of the plot in the Village of Lytton cemetery as they may be in effect at the time of interment or as may be amended from time to time thereafter.

Under "Order of Priority" provisions of the Cemetery, Interment and Funeral Services Act of BC (see reverse) I certify that I am the legally authorized representative of the above-named deceased. Further I certify that I have the full legal right to authorize use of the above identified plot, do hereby authorize the interment of the above-named deceased under the terms and conditions outlined herein and accept all responsibility for costs associated with this authorization. I agree to indemnify and hold harmless the Village of Lytton its officers and employees, from liability, costs, expenses, or claims resulting from this authorization.

| | | |
|---------------|---------------------------|--------------|
| PRINTED NAME: | RELATIONSHIP TO DECEASED: | |
| ADDRESS: | CITY, PROVINCE: | POSTAL CODE: |
| PHONE: | EMAIL: | |

X

SIGNATURE OF AUTHORIZED PERSON

X

OFFICE USE ONLY

(EXCERPTS FROM THE CREMATION, INTERMENT AND FUNERAL SERVICES ACT – SEE PAPER COPY)