



Schedule "D"

Yorkton City Cemetery Plot Interment Application

cemeteryadmin@yorkton.ca

306-786-1750

DECEASED

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

NEXT OF KIN / EXECUTOR

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

INTERMENT DETAILS

Cremation:  Casket:  Columbarium:

Cemetery Site: Hill:  Meadow:  Woodland Path:

Block \_\_\_\_\_ Lot \_\_\_\_\_ Plot \_\_\_\_\_ Columbarium Niche: \_\_\_\_\_

Cremation Interment: Location:  Head  Middle  Foot  Woodland Path

Placement:  Left  Right  Middle

Cremation Interment Size:  Standard 12 x 12  Larger (please indicate size): \_\_\_\_\_

Fiberglass Liner Required from City of Yorkton:  Yes  No

Interment Date: \_\_\_\_\_ Interment Time: \_\_\_\_\_

Winter Surcharge:  Saturday Surcharge:  Stat Holiday Surcharge:  Social Services:  Late Arrival:

Interment Notes: \_\_\_\_\_

CREMATORIUM

Crematorium: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

FUNERAL HOME

Funeral Home: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_