



Schedule "C"

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: Traditional Casket Interment: Columbarium:

Cemetery Site: Block _____ Lot _____ Plot _____ Columbarium Niche: _____

Woodland Path: Block _____ Lot _____

Cremation Interment: Location: Head Middle Foot

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: _____

CREMATORIUM

Crematorium: _____

Address: _____ Phone Number: _____

City: _____ Province: _____ Postal Code: _____

FUNERAL HOME

Funeral Home: _____ Contact Person: _____

Address: _____ Phone Number: _____

City: _____ Province: _____ Postal Code: _____