

***Oromocto Pioneer Gardens Cemetery Company Inc.***

**Cemetery Sales Agreement**

***Please print***

Name \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ PO Box \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Daytime Phone (    ) \_\_\_\_\_ Evening Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

E-mail \_\_\_\_\_

If requesting interment in the Field of Honour, please circle type of service:

Canadian Forces    Police Service (RCMP or other)    Firefighting Service    Other Emergency Services

For Emergency Services, state employer \_\_\_\_\_

Number of Years \_\_\_\_\_ Service Number/Badge Number \_\_\_\_\_

Quantity	Description	Section, Unit/Row, Niche/ Lot No(s).	Unit Price	Total
Person(s) to be interred:			Subtotal	
1.			HST – add 13%	
2.			Total	

(If applicable, list additional names on reverse)

Select Method of Payment (check one):

Cheque ☐ Money Order ☐ Debit ☐ Credit Card ☐ Card No. \_\_\_\_\_

Make cheque/money order payable to: *Oromocto Pioneer Gardens Cemetery Company Inc.*

If paying by Credit Card, select: VISA ☐ MasterCard ☐

Cardholder’s name \_\_\_\_\_ Expiry date: Month/Year \_\_ / \_\_

Cardholder’s signature \_\_\_\_\_

**I have read and I accept the *Rules & Regulations* for the Cemetery.**

Signature of purchaser \_\_\_\_\_

Date \_\_\_\_\_

Accepted on behalf of OPGCCI: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

Service Record Confirmed: Signature \_\_\_\_\_ Date \_\_\_\_\_