

Oromocto Pioneer Gardens Cemetery Company Inc.

Sales Agreement

Please print

Name _____ Date _____

Address _____ Apt. # _____ PO Box _____

City/Town _____ Province _____ Postal Code _____

Daytime Phone () _____ Evening Phone () _____ Cell () _____

E-mail _____

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

For Emergency Services, state employer _____

No. of Years: From _____ To: _____ Corps Badge _____ Svc No./Badge Number _____

Quantity	Description	Section, Unit/Row, Niche/ Lot No(s).	Unit Price	Total
			TOTAL	
AMOUNT PAID				
BALANCE				
Persons to be Interred:		(Please include Date of Death if applicable)		
		DOB		
		DOB:		
		DOB:		

Cheque Money Order Debit Credit Card (VISA MasterCard)

Cheque or money order payable to: *Oromocto Pioneer Gardens Cemetery Company Inc.*

Signature of purchaser _____ Date _____

Accepted on behalf of OPGCCI: _____ Date: _____

Service Record Confirmed: Signature _____ Date _____