



BRANDON MUNICIPAL CEMETERY

Administration Office – 18th Street, Brandon, MB
Phone: (204) 729-2150 Email: cemetery@brandon.ca

Interment Order Form

PART I

Name of Deceased: _____ Order Date: _____

Funeral Home: _____ Funeral Director: _____

Date of Interment: _____ Time of Interment: _____ AM/PM

Place of Service: _____ Time of Service: _____ AM/PM

Liner: Wood Fibre/Poly Cremation Urn None
Size: _____

Special Instructions or Requests:

All information in Parts I and II must be completed by the Funeral Home and confirmed by the Brandon Municipal Cemetery to be considered an order. Parts III and IV must be completed as much as possible by the Funeral Home. Please note: Burial Permit or Certificate of Cremation must be brought to interment and handed to Brandon Municipal Cemetery Office Staff.

PART II

DECEASED PERSONAL INFORMATION: Sex: Male Female

Date of Birth: _____ Age: _____ Date of Death: _____

Address: _____

Marital Status: _____ Employment/Position: _____

Place of Birth: _____

Place of Death: _____

Doctor: _____ Religion: _____

PART III

INTERMENT SPACE INFORMATION: Plot Niche

Previously Reserved: Yes No

Cemetery: Brandon Municipal Cemetery

Plot Location: Section: _____ Block: _____ Plot: _____

Niche Location: Section: _____ Block: _____ Niche: _____

PART IV

ADDITIONAL RESERVED PLOT

Name: _____

Date of Birth: _____

Cemetery: Brandon Municipal Cemetery

Plot Location: Section: _____ Block: _____ Plot: _____

Niche Location: Section: _____ Block: _____ Niche: _____

PART V

FEES AND CHARGES:

Plot: _____ x \$ _____ = \$ _____

Niche: _____ x \$ _____ = \$ _____

Interment Fee: \$ _____

Weekend / Holiday Surcharge: \$ _____

Late Arrival Surcharge: \$ _____

Other: \$ _____

Sub-Total \$ _____

GST \$ _____

TOTAL \$ _____

THIS IS NOT AN INVOICE

Order confirmed by: _____

Date: _____