



REQUEST FOR PLACEMENT OF ASHES IN NICHE WALL

Name of Ashes: _____

Requested By: _____

Charge To: _____

Phone Number: _____

Cost Applicable: _____

Signed: _____ **Date:** _____

Niche Wall Number(s): _____

(Attach Plan of Cemetery)

OFFICE USE ONLY

	CEMETERY	GLA NO.	CHARGES	GST	TOTAL
	C H Lawn	7412-522			