

**THE CITY OF WINNIPEG
 PLANNING, PROPERTY & DEVELOPMENT DEPARTMENT - CEMETERIES DIVISION
 ADMINISTRATION OFFICE - 3001 NOTRE DAME AVENUE, WINNIPEG, MB R3H 1B8**

Phone Number: 204-986-4348

Fax Number: 204-986-4298

E-Mail: sdyck@winnipeg.ca

G.S.T.Registration Number: R121682967

Deceased Name: _____ Date: _____
Last First Middle Name or Initial

Brookside/St.Vital/Transcona Cemetery Funeral Home: _____
(circle one)

Date of Burial: _____ Section Number: _____ Lot(s): _____
Day, /dd/mm/yy

Time of Burial: _____ Church: _____ Chapel: _____ Graveside: _____

_____ Cement Liner _____ Wood Box _____ No Liner _____ Cremains

Special Instructions/Request: _____

Regimental No.: _____

****ALL INFORMATION IN THE ABOVE SECTION MUST BE COMPLETED BY THE FUNERAL DIRECTOR
 & CONFIRMED BY THE CEMETERIES BRANCH TO BE CONSIDERED AN ORDER.****

DECEASED'S PERSONAL INFORMATION: _____ Male _____ Female Marital Status: _____

Birth Place: _____ Age: _____ Date of Birth: _____

Date of Death: _____ Place of Death: _____

Name & Address of Next of Kin or Party to receive Deed: _____ Name & Address of Party to receive the Receipt: (if not the same) _____

Brookside: 001 454090 632302 999	Cash: _____	Lot/Plot: _____
St. Vital: 001 454100 632303 999	Cheque: _____	Opening Fee: _____
Transcona: 001 454110 632304 999	Visa: _____	Niche Package: _____
G.S.T. 001 225100 632301	MasterCard: _____	Misc. _____:
Customer No: _____	American Express: _____	Disinterment: _____
Contract No: _____	Debit Card: _____	Total: _____
	Receipt Number: _____	G.S.T.: _____
		TOTAL: _____
		Amount Paid: _____

O.B.O.# _____ Invoice To: _____ Balance Owing: _____

Burial Order No: _____