



HILLCREST CEMETERY

Interment Request Form



Date _____

Deceased

Location _____
Surname _____
Given Name(s) _____

Reservation

Location _____
Surname _____
Given Name(s) _____

Funeral Home _____
Date of Death _____
Type of Burial _____
Date of Funeral _____
Time of Funeral _____

Is a deeper hole required? If yes, how deep? _____
Cremation interment - is an oversided urn being used? _____
Will the family be backfilling the grave if after hours? _____
Type of vault being used? _____

Expected Time of Arrival at Cemetery _____

Special Instructions

Billing Instructions

To be completed by Funeral Home and emailed to lprokott@weyburn.ca, cmorin@weyburn.ca and tcherlet@weyburn.ca

Hillcrest Cemetery Use Only

Interment Location _____

Fees Payable

License _____
Open/Close _____
Overtime _____
Winter Fee _____
Perpetual Care _____
Other _____
SubTotal _____
GST _____
Total _____

Hillcrest Cemetery Administration

Date

To be completed by Cemetery Administration and emailed to Funeral Home