

St. John's Cemetery on the Humber

Application for Interment

NAME* OF DECEASED IN FULL (Please Print): _____

PLACE OF BIRTH: _____

DATE OF BIRTH: _____

PLACE OF DEATH: _____

DATE OF DEATH: _____

DATE OF BURIAL _____

PARENTS: FATHER: _____

PARENTS: MOTHER (Please include maiden names) _____

HUSBAND/WIFE(Please include maiden names) _____

OFFICIATING CLERGYMAN (Optional) _____

REMARKS: _____

NAME OF APPLICANT (Please Print): _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER _____

RELATIONSHIP TO DECEASED: _____

LINE OF DESCENT* FROM THE LATE CAPT. JOHN DENISON AND SOPHIA TAYLOR: (Branch Name if known)

SIGNATURE OF APPLICANT: _____

DATE _____ CREMATED REMAINS (YES or NO)? Invoice will be sent for burial.

BURIAL IN SECTION NO. _____ GRAVE NO. _____

IS HEREBY AUTHORIZED _____ LOCATION NOTES: _____

SIGNATURE OF PROPERTY MANAGER, ASSISTANT OR DESIGNATE: (also print name)

Print Name _____ DATE: _____