



**HEAD OFFICE**  
 12 Carlton Crescent, Kingston 10  
 876 960-2961-2 Fax: 876 929-2394  
 Cemetery: 876 943-0159

info@meadowrest.com

**AUTHORIZATION FOR INTERMENT APPLICATION FORM - ADULT**

MMG N<sup>o</sup>.

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

THE REMAINS OF \_\_\_\_\_  MALE  FEMALE  
SURNAME MIDDLE FIRST  
 FORMERLY OF ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DATE OF DEATH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DEATH CERTIFICATE # \_\_\_\_\_  
DD MM YYYY DD MM YYYY

FUNERAL HOME \_\_\_\_\_ DAY & DATE OF BURIAL \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DAY DD MM YYYY

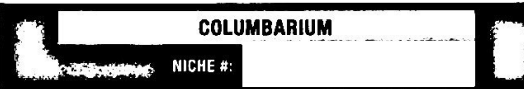
HEADSTONE VERSE \_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_ FUNERAL SERVICE AT MMG CHAPEL  YES  NO ORGANIST  YES  NO MINISTER  YES  NO

EXPECTED TIME OF ARRIVAL AT MMG \_\_\_\_\_ FUNERAL TIME \_\_\_\_\_

**VAULT SELECTION**

VAULT NUMBER: \_\_\_\_\_

BASIC VAULTS											
SINGLE ADULT			SINGLE ADULT EXTRA ENLARGED			FULL DOUBLE (LOWER & UPPER)			HALF DOUBLE		
<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3	<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3	<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3	<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3
PREMIUM VAULTS											
SINGLE ADULT			SINGLE ADULT EXTRA ENLARGED			FULL DOUBLE (LOWER & UPPER)			HALF DOUBLE		
<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3	<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3	<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3	<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3
PLATINUM PREMIUM VAULTS						 NICHE #: _____					
SINGLE ADULT			SINGLE ADULT EXTRA ENLARGED								
<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3	<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3						

NAME OF PURCHASER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TEL. (work) \_\_\_\_\_  
 \_\_\_\_\_ (cell) \_\_\_\_\_  
 \_\_\_\_\_ EMAIL \_\_\_\_\_

I hereby certify and represent that I have the right to make this authorization and I agree to hold Meadowrest harmless from any liability on account of said authorization for this interment, and to pay before interment the sum of \$ \_\_\_\_\_ being the agreed charges.

SIGNATURE: \_\_\_\_\_

**FOR HEAD OFFICE USE ONLY**

**PAYMENT TERMS**

PAYMENT \$ \_\_\_\_\_  CASH  CHEQUE  CARD  OTHER RECEIPT N<sup>o</sup>. \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

BOOKED BY \_\_\_\_\_  
 CONFIRMED BY \_\_\_\_\_  
 DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY  
 MMG EMP. \_\_\_\_\_

**HEADSTONE**  
 ORDERED \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY  
 RECEIVED \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY  
**INTERMENT DATA**  
 CARD ISSUE DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

Kindly note and agree to the terms and conditions of this interment, these are listed on the back of the form.