



NEA Memorial Gardens Inc.

Managers / Operators / Owners

Pouch Cove

St. Agnes Cemetery

Flatrock Memorial Gardens

St. Michaels Cemetery

**In the Community
Maintain**

**By the Community
Own**

**For the Community
ReFurbish**

COMMITTAL REQUEST FORM

Name of Deceased _____	Date of Death _____	Date of Birth _____
Cemetery _____	Committal Date _____	Committal Time _____
Liner Type _____	Burial Type _____	Burial Permit # _____
Plot (Existing/New; Single/Double) _____	Cremation Certificate _____	Death Certificate _____

Existing Burials in Plot, if applicable.

Name _____	Date _____
Name _____	Date _____
Name _____	Date _____

Special Burial Instructions _____

Relationship of Deceased to those in Plot _____

Plot Purchaser _____ Signature _____

Signature confirms permission for committal in the plot according to cemetery policy, procedures and regulations.

Family Contact Name, Address _____

eMail Address _____

Phone # _____

Postal Code _____

Funeral Home _____	Funeral Director _____	Date _____
_____	info _____	_____

Cemetery Fees \$ _____ \$ _____ \$ _____

Total \$ _____

Please explain _____

Method of Payment - Cheque or eTransfet Perfered _____

For NEA MGI DataBase use

Section # _____ Plot # _____ Grave # _____

NEA MGI Signature _____ Date _____

Completed form to be sent via email to neamgi22@gmail.com as a pdf attachment

email - neamgi22@gmail.com ▲ Mailing address - 17 Everson Road ▲ Flatrock ▲ NL ▲ A1K 1M4

Ver 1.6