



**Low Farm Cemetery - Request For Burial**

**Date of Request:** \_\_\_\_\_

**Funeral Home Name & Mailing Address:** \_\_\_\_\_  
**(Include Contact Name Email, Fax etc.)** \_\_\_\_\_

**Name of Deceased:** \_\_\_\_\_  
Surname First Name Middle Name or Initial

**Date of Death:** \_\_\_\_\_ **Date of Burial:** \_\_\_\_\_

**Check One:** Cremation  Full Burial

**Plot Reserved:** Y / N **Location of Plot:** \_\_\_\_\_  
(Circle One)

**Spouse of Deceased:** \_\_\_\_\_  
(If Applicable)

**Deceased:** Y / N **D.O.D.** \_\_\_\_\_ **Location of Spouse Remains:** \_\_\_\_\_  
(Circle One)

It is the responsibility of the Funeral Director to:

- Supply all burial permit copies/cremation certificates
- Excavation & Closure of grave plots
- Ensure that plot information & location are correct and communicated to the RM of Morris

**PLEASE NOTE:**

All burials in the older sections of the cemetery will be the responsibility of the Funeral Director or Family to locate and approve.

The RM of Morris will work with the Funeral Director as best as possible to try to locate sites within the older part of the cemetery, however, the RM of Morris will not be held responsible for any plot that may be incorrectly marked, or for any costs associated with such incorrect markings.

**By signing this form you are accepting responsibility for all items listed above.**

\_\_\_\_\_  
Signature

**DIRECT ALL INQUIRIES TO:**  
**RM of Morris**  
**Box 746**  
**Morris, MB R0G 1K0**  
**Ph:204-746-7600 Fax: 204-746-8801**  
**Email: info@rmofmorris.ca**

For Office Use Only:
Plot Fee Received: _____
Plot Marking Required: _____
Invoice Sent: _____
Burial Permit/ Cremation Certificate: _____
Additional Comments: _____
_____