

**REMITTANCE FORM**  
**January 01, 2025 - December 31, 2025**  
**Catholic Cemeteries Ministry - Central Accounting Office**  
**C/O Heavenly Rest Cemetery**  
**5005 Howard Avenue LaSalle, ON N9H 1Z5**

**CEMETERY INFORMATION:**

DATE :

NAME : \_\_\_\_\_

DIOCESAN NUMBER : \_\_\_\_\_

LOCATION (Town) : \_\_\_\_\_

**CONTACT PERSON:**

NAME : \_\_\_\_\_

MAILING ADDRESS : \_\_\_\_\_

TELEPHONE # : \_\_\_\_\_

**CONTRIBUTION PERIOD:** \_\_\_\_\_

The attached cheque payable to the "Catholic Cemeteries Trust Fund" is to be applied as follows:

Care & Maintenance - Interment Rights	Quantity	Selling Price	Care & Maintenance
	Per Grave/Niche	Amount	
ADULT GRAVE	#	\$	\$
ADULT GRAVE	#	\$	\$
ADULT GRAVE	#	\$	\$
NICHE	#	\$	\$
NICHE	#	\$	\$
NICHE	#	\$	\$
CREMATION GRAVE	#	\$	\$
CREMATION GRAVE	#	\$	\$
CREMATION GRAVE	#	\$	\$
CHILD GRAVE	#	\$	\$
CHILD GRAVE	#	\$	\$
BEQUESTS			\$ _____
			\$ _____
			\$ _____
<b>TABLE 1</b>			
<b>CARE &amp; MAINTENANCE CONTRIBUTION REQUIREMENTS</b>		<b>C&amp;M MINIMUM</b>	<b>C&amp;M %</b>
ADULT GRAVE	\$290.00	40%	
CHILD/CREMATION GRAVE	\$175.00	40%	
NICHE	\$165.00	15%	

Care & Maintenance - Marker Maintenance		Quantity	Amount
Flat Marker > 173 square inches		\$100.00 x # _____	= \$ _____
Upright Marker 4 Feet or less		\$200.00 x # _____	= \$ _____
Upright Marker more than 4 Feet		\$400.00 x # _____	= \$ _____

BAO Consumer Protection Fee : (Jan 1 to Dec 31)			
Burial Performed - Full		\$30.00 x # _____	= \$ _____
Burial Performed - Cremation		\$30.00 x # _____	= \$ _____

CHEQUE # _____	CHEQUE/ETRANSFER TOTAL	\$ _____
E-TRANSFER TO: hraccounting@dol.ca	DATE OF E-TRANSFER:	_____

NOTE: A cash receipt will be issued and mailed to you with the annual C&M mailing.