

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:

NAME : _____

DATE : _____

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 Per Grave/Niche	Care & Maintenance Amount
ADULT GRAVE	#	\$	\$	
ADULT GRAVE	#	\$	\$	
ADULT GRAVE	#	\$	\$	
NICHE	#	\$	\$	
NICHE	#	\$	\$	
NICHE	#	\$	\$	
CREMATION GRAVE	#	\$	\$	
CREMATION GRAVE	#	\$	\$	
CREMATION GRAVE	#	\$	\$	
CHILD GRAVE	#	\$	\$	
CHILD GRAVE	#	\$	\$	
BEQUESTS			\$	
SUB-TOTAL			\$	

CARE & MAINTENANCE CONTRIBUTION REQUIREMENTS	TABLE 1	
	C&M MINIMUM	C&M %
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.