

**REMITTANCE FORM**

**January 01, 2026 - December 31, 2026**  
**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:

<b>Care &amp; Maintenance - Interment Rights</b>		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				\$ _____
<b>SUB-TOTAL</b>				\$ _____

  

<b>CARE &amp; MAINTENANCE CONTRIBUTION REQUIREMENTS</b>	<b>TABLE 1</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%

<b>Care &amp; Maintenance - Marker Maintenance</b>	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 # _____ =	\$ _____

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

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

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