



Secondary Use of Lot – Authorization

[] ORIGINAL LOT HOLDER – SECONDARY INTERMENT (Complete this section if you **ARE** the original lot/plot holder and you are directing a secondary interment)

I, _____, residing at _____
(print full legal name) (residential address: number, street, city, province, postal code)

certify that I am the lot holder of record at _____ Cemetery owned and operated by the Municipality of Hastings Highlands for a lot/plot described as Deed No. _____ and as located within Block/Section _____, Row _____, Lot/Plot _____ and by my signature below authorize the Municipality of Hastings Highlands to re-open this lot to permit the interment of the human remains or cremated remains of:

Name _____, who died on _____ at _____
(print full legal name) (m/d/y) (city/prov)

Name _____, who died on _____ at _____
(print full legal name) (m/d/y) (city/prov)

[] ORIGINAL LOT HOLDER – DEED LOST/DESTROYED

(Complete this section if you **ARE** the original lot/plot holder and your deed is lost or destroyed)

I, _____, residing at _____
(print full legal name) (residential address: number, street, city, province, postal code)

certify that I am the original lot holder and as such am legally entitled to exercise the rights of interment for the lot at _____ Cemetery owned and operated by the Municipality of Hastings Highlands for a lot described as Deed No. _____ and as located within Block/Section _____, Row _____, Lot/Plot _____. I hereby authorize the Municipality of Hastings Highlands to re-open this lot to permit the interment of the human remains or cremated remains of:

Name _____, who died on _____ at _____
(print full legal name) (m/d/y) (city/prov)

Name _____, who died on _____ at _____
(print full legal name) (m/d/y) (city/prov)

[] APPLICANT OTHER THAN ORIGINAL LOT HOLDER – SECONDARY INTERMENT

(Complete this section if you **ARE NOT** the original lot holder)

I, _____, residing at _____
(print full legal name) (residential address: number, street, city, province, postal code)

certify that I am the lot holder of record at _____ Cemetery owned and operated by the Municipality of Hastings Highlands for a lot described as Deed No. _____ and as located within Block/Section _____, Row _____, Lot/Plot _____ and by my signature below authorize the Municipality of Hastings Highlands to re-open this lot to permit the interment of the human remains or cremated remains of:

Name _____, who died on _____ at _____
(print full legal name) (m/d/y) (city/prov)

Name _____, who died on _____ at _____
(print full legal name) (m/d/y) (city/prov)

AUTHORIZATION

[] I am the ORIGINAL LOT/PLOT HOLDER _____(int.), or

[] I am the LEGAL REPRESENTATIVE, RIGHTFUL HEIR OR SUCESSOR OF THE ORIGINAL LOT HOLDER ____ (int.),

and as such authorize and hereby instruct the Municipality of Hastings Highlands to re-open the lot described herein for the interment of the human remains or cremated remains identified. I accept all responsibility for costs and fees arising from this authorization. I further certify there is no other person or persons who are entitled to claim the rights of interment for the lot identified in this authorization.

I agree to indemnify and hold harmless the Municipality of Hastings Highlands, its officers, employees and agents from any liability, costs, expenses, or claims resulting from this authorization.

Signed on this _____ day of _____, _____.

Signature _____

Name (print) _____

Notice of Collection

Personal information is being collected in accordance with the requirements of the Funeral, Burial and Cremation Services Act and in accordance with the Municipal Act. The personal information being collected remains confidential and is subject to the Municipal Freedom of Information and Protection of Privacy Act. Questions regarding the collection, use, and disclosure of personal information may be directed to the Clerk's Department of the Municipality of Hastings Highlands.