

Office Use Only

- **Date Received:** _____
- **Documents Verified:** [] ID [] Will/Probate [] Death Certificate [] Rights Certificate
- **Original Principal Verified:** \$ _____
- **Calculated Top-Up (if applicable):** \$ _____
- **Refund Method (if applicable):** [] Cheque [] E-transfer [] Applied to other Services
- **Staff Initials:** _____

Lakefield Cemetery: Flower Program Election Form

Instruction: Please complete this form to indicate how you would like to proceed with the Perpetual Flower Fund associated with your interment rights.

1. Account Information

- **Deceased Name(s):** _____
- **Plot/Interment Location:** _____
- **Original Purchaser Name (if known):** _____
- **Current Point of Contact:** _____
- **Mailing Address:** _____
- **Phone/Email:** _____

2. Documentation Requirements (Required for Options 2, 3, or 4)

To ensure funds are handled correctly, please attach the following based on your status:

- If you are the Original Purchaser: Copy of government-issued photo ID.
 - If the Original Purchaser is Deceased:
 - Copy of the Death Certificate.
 - Copy of the Will (page naming you as Executor) OR a Certificate of Appointment of Estate Trustee.
 - If no Will exists: A Sworn Affidavit of Next-of-Kin/Heirship.
 - If the Estate is Closed: Proof of Interment Rights Certificate showing you are the current rights holder.
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3. Election of Options (Select ONE)

Please initial the box next to your preferred option:

Initial	Option	Description
	Option 1: 6-Year Sunset	I choose to continue the annual floral pot service through the 2031 season. I understand that after 2031, the endowment will be depleted and the service will conclude.
	Option 2: Refund	I request a refund of the original principal amount (\$ _____). I understand that upon issuance of this refund, all future floral services by the Cemetery will cease immediately.
	Option 3: 10-Year Extension	I wish to "top up" the account to guarantee service through 2036. (Staff will contact you with the required one-time payment amount).
	Option 4: 20-Year Extension	I wish to "top up" the account to guarantee service through 2046. (Staff will contact you with the required one-time payment amount).

4. Indemnity Clause & Signature

By signing below, I certify that I am the original purchaser, the legal representative of the estate, or the rightful successor of the interment rights holder. **I agree to indemnify and hold Lakefield Cemetery harmless from any and all claims, demands, or liabilities should another party claim entitlement to these funds or services in the future.** I understand that the Lakefield Cemetery Perpetual Flower Fund is a discretionary fund separate from the Care and Maintenance Trust Fund.

Signature: _____ **Date:** _____
