Whispering Pines Cemetery

Municipality of Temagami
7 Lakeshore Drive
Box 220 Temagami, ON P0H 2H0

Applicants Name: _____

Address: _____

Phone: Daytime: _____ Evening: _____

Email: _____

Please print clearly. Include first name, middle initial and last name.

Name:

Year of Birth:

Year of Death:

Name:

Year of Birth:

Year of Death:

Name:

Year of Birth:

Year of Death:

Orders can be mailed, faxed, scanned, emailed or delivered to the Municipal Office.

Phone: 705 569-3421

Fax: 705 569-2834

Email: communicate@temagami.ca