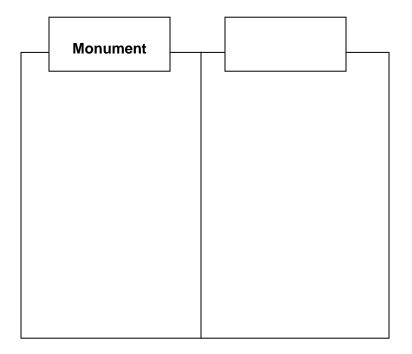


## INTERNMENT APPLICATION FORM No.

Date of Applica	tion:									
Date of Application.		Month Day		Year						
Name of Deceased:		irst Name	Last Name							
Latest Address	of Dece	eased:								
Date of Death:		Day		Place of Death: _						
<b>.</b>		·						•		_
Date of Birth:		Day		Year	Age:			Sex:	M	F
Date of Service	, <b>-</b>				Time a	t Comotory			AM	PM
Month		Day		Year Time at Cemetery:					Alvi	FIVI
Type of Request Typ			Grave Liner							
Full Burial		Concrete		Section			Columbariu	ım #		
Cremation		Metal		Block			Level #			
Columbarium URN Dimensions		Fibreglass		Plot			Niche #			
Contact Person:  First Name				Last Name			Phone			
								Phor	ne	
Cheques payab	ole to the	Town o	f Westlock							
Open/Close G		ST Total		Payment Type						
Signature of Applicant:										
Signature Town	n Employ	yee:								
OFFICE USE ***	*****	*****	*******	*****	*****	******	******	******	*****	****
PW Initials			Entere	d in Da	<b>tabase</b> Ini	tials		_		

The personal information that is being collected is protected by the privacy provision of the *Freedom of Information and Protection of Privacy Act.* Section 33c. This information is used to administer cemetery services. If you have questions contact FOIP Coordinator at 780.349.4444.



Monument