

PW

Initials _____

INTERMENT APPLICATION FORM No.____ **Date of Application:** Month Day Year Name of Deceased: Last Name First Name Latest Address of Deceased: _____ Date of Death: Place of Death: _____ Month Day Year Date of Birth: _ Sex: M F Month Day Year AM PM Date of Service: _ Time at Cemetery: _____ Month Day Year Type of Request **Type of Grave Liner** Section Columbarium # Full Burial Concrete **Block** Level # Plot Niche # Cremation Metal **Sub Plot** Columbarium **Fibreglass Dimensions of Burial URN Dimensions** Columbarium # 2 Vaults & Liner 11 "X 11" Opening **Contact Person:** First Name Last Name Phone **Funeral Home Contact: Business Name** Phone Cheques payable to the Town of Westlock **Payment** Open/Close **GST** Total Type Signature of Applicant: _____ Signature Town Employee: _____

Entered in Database Initials _____

Receipt Number: _____

The personal information provided by you is being collected under the authority of the Municipal Government Act and will be used for administering cemetery services. This collection is authorized by section 4(c) of the Protection of Privacy Act (POPA). The personal information that you provide may be made public, subject to the provisions of the Access to Information Act (ATIA). If you have any questions about the collection, use, and disclosure of this information, please contact the Access to Information and Protection of Privacy Coordinator with the Town of Westlock at 780-349-4444.

PLACEMENT DIRECTIONS



