

INTERMENT APPLICATION FORM No. _____

Date of Application: _____
Month Day Year

Name of Deceased: _____
First Name Last Name

Latest Address of Deceased: _____

Date of Death: _____ **Place of Death:** _____
Month Day Year

Date of Birth: _____ **Age:** _____ **Sex:** M F
Month Day Year

Date of Service: _____ **Time at Cemetery:** _____ AM PM
Month Day Year

Type of Request	Type of Grave Liner
Full Burial	Concrete
Cremation	Metal
Columbarium	Fibreglass
URN Dimensions Columbarium # 2 11"x 11" Opening	Dimensions of Burial Vaults & Liner

Section		Columbarium #	
Block		Level #	
Plot		Niche #	
Sub Plot			

Contact Person: _____
First Name Last Name Phone

Funeral Home Contact: _____
Business Name Phone

Cheques payable to the Town of Westlock

Open/Close	GST	Total	Payment Type

Signature of Applicant: _____

Signature Town Employee: _____

OFFICE USE *****

PW Initials _____

Entered in Database Initials _____

Receipt Number: _____

