



# 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  |                     |

| Section | Columbarium # |
|---------|---------------|
| Block   | Level #       |
| Plot    | Niche #       |

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 \_\_\_\_\_

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.

**PLACEMENT DIRECTIONS OVER**

