



10511 – 103 Street
 High Level, AB
 T0H 1Z0
 Ph: 780-926-2201
 Fax: 780-926-2899

Cemetery

Columbarium Burial Application

Name of Deceased		Block	<input type="checkbox"/> WEST Facing or <input type="checkbox"/> EAST Facing	Niche #	
Last Name		Given Name			
Nickname		Other Name(s)			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		Age		
Place of Death		Marital Status			
Undertaker					
Full name and Address of nearest relative			Relationship of Relative		
Name: Address: City/Town: Province:			Postal Code:		

Signature of Applicant		Date
X		
Mailing address		Email Address
Address: City/Town: Province:		Postal Code:

Office Use Only				
Date Paid		Amount		Receipt No.
Burial Permit Received / Date				
Date entered into Columbarium register			Initials	

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