



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

Cemetery Burial

Application Form

Name of Deceased		Block		Plot	
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
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 register map			Initials		

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.