

TOWN OF BLACKFALDS
**BURIAL APPLICATION
& PERMIT**

DECEASED INFORMATION

NAME OF DECEASED		
DATE OF DEATH (YYYY/MM/DD)	RESIDENCY AT TIME OF DEATH TOWN <input type="checkbox"/> OF BLACKFALDS LACOMBE <input type="checkbox"/> COUNTY <input type="checkbox"/> OTHER (please indicate)	
NEXT OF KIN 1 NAME		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
NEXT OF KIN 2 NAME		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE #	EMAIL	

Personal information provided on this form will be used to facilitate issuance of permits for burials within cemeteries owned by the Town of Blackfalds. This information is collected under the authority of Section 4(c) of the *Protection of Privacy Act* and will be protected under Part 1 of the Act. Questions regarding the collection and/or use of this information may be directed to the Information Governance Coordinator at access@blackfalds.ca or by phone at 403.885.6370.

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FUNERAL INFORMATION

BURIAL DATE	BURIAL TIME
FUNERAL SERVICE PROVIDER	
ADDRESS CITY PROVINCE POSTAL CODE	
PHONE #	EMAIL

APPLICANT INFORMATION

<input type="checkbox"/> SAME AS KIN 1	<input type="checkbox"/> SAME AS KIN 2	
APPLICANT LAST NAME	APPLICANT FIRST NAME	
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE #	EMAIL	
APPLICANT SIGNATURE	DATE OF APPLICATION (YYYY/MM/DD)	

The applicant acknowledges and agrees that a permit for burial is issued subject to the provisions of the Town of Blackfalds Cemetery Bylaw and amendments thereto.

The Town of Blackfalds grants permission for the burial of the above deceased in the Blackfalds Cemetery on this _____ day of _____, 20____.

Authorized Signature

Date (yyyy/mm/dd)