

DECEASED INFORMATION

NAME OF DECEASED		
DATE OF DEATH (YYYY/MM/DD)	RESIDENCY AT TIME OF DEATH TOWN OF BLACKFALDS LACOMBE COUNTY 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	

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FUNERAL INFORMATION

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

APPLICANT INFORMATION

SAME AS KIN 1		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 provision 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)