

APPLICATION TO PURCHASE CEMETERY BURIAL PLOT

APPLICANT INFORMATION

APPLICANT NAME (FIRST & LAST)		
INTENDED PLOT RECIPIENT (FIRST & LAST NAME)		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE #	EMAIL	

LOT DESCRIPTION

<input type="checkbox"/> Single Plot <input type="checkbox"/> Double Plot <input type="checkbox"/> Cremation		
<input type="checkbox"/> Other (please indicate)		
TOTAL FEES REQUIRED (see Fee Schedule below): \$		
SECTION:	PLOT:	LOT:
APPLICANT SIGNATURE		DATE OF APPLICATION (YYYY/MM/DD)

Personal information provided on this form will be used solely to facilitate the purchase of burial plots in 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.