

FOR OFFICE USE ONLY

Date (m/d/y): _____ *Burial Certificate attached:* yes no

Please note that the Applicant must be the personal representative or next of kin of the deceased.

GENERAL INFORMATION

Full name of Deceased: _____

Full name of Applicant: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

FUNERAL INFORMATION

Date of death (m/d/y): _____ Proposed burial (m/d/y): _____ Proposed time of day: _____

Name of Funeral Director: _____

Name of Contractor hired for excavation: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

PLOT INFORMATION

Cemetery (select one): Onoway Municipal Cemetery Fern Valley Protestant Cemetery

Block: _____ Plot: _____ Type of burial: Body Cremation urn

The Applicant acknowledges and agrees that a permit for burial is issued subject to the provisions of the Lac Ste. Anne Cemetery Burial Regulations Policy and amendments thereto.

Name of Applicant: _____ Signature: _____

County Representative: _____ Signature: _____

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. This information will form part of a file that is publicly available on request. If you have any questions about the collection, use or disclosure of this personal information, please contact Lac Ste. Anne County FOIP Coordinator at the address below.