



BURIAL APPLICATION & PERMIT

DECEASED INFORMATION

NAME OF DECEASED		
DATE OF DEATH (YYYY/MM/DD)	RESIDENCY AT TIME OF DEATH <input type="checkbox"/> Town of Blackfalds <input type="checkbox"/> Lacombe County <input type="checkbox"/> Other (please indicate) _____	
NEXT OF KIN 1 NAME		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE	EMAIL	
NEXT OF KIN 2		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE	EMAIL	

Continued on page 2



FUNERAL INFORMATION

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

APPLICANT INFORMATION

Same as Kin 1 <input type="checkbox"/>		Same as Kin 2 <input type="checkbox"/>	
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)