

# Application for Service

## Interment into Evansburg Cemetery



### Deceased Information

Full Name:      
Last First Middle Maiden Name (If Applicable)

Date Of Birth:  Place of Birth:

Date of Death:  Age at Death:  Sex:  M  F  O  
Circle One

### Service Requested

Application For: **Interment (Full Burial):** ☐ As per Cemeteries Bylaw 04.23 (s) 7.2.1 a vault is required.

**Interment (Cremation):** ☐

Dimensions of Urn In Centimeters: *Height:*  CM *Width:*  CM *Length:*  CM

Location of Cremation Urn in Plot: 

Top Left	Top Right	Bottom Left	Bottom Right
Circle one			

Plot Information: Block:  Plot:  Section:

**Interment (Columbarium Niche):** ☐ Niche #:

### Personal Representative (Owner/Executor/Executrix/Administrator)

Full Name:     Phone:   
Last First

Address:      
Mailing Address City/Town Province Postal Code

Email:  Relationship:

The applicant acknowledges and agrees to the provisions of Yellowhead County Cemetery Bylaw No. 04.23.

Signature:  Date:

### Service Information

Date:  Time:  to

Funeral Home:  Contact:  Phone #:

Email:

### Office Use Only

Invoice To:  Interment Fees (PREP) \$  Doc. #

GST: \$  Receipt #:

Burial Permit Copy Received: ☐ Cremation Document Copy Received: ☐ Total: \$  Clerk: