



BURIAL APPLICATION FORM

Operations Department

Date of Application: _____
Month Day Year

This personal information is being collected under the authority of the CEMETERY ACT (Alberta) for the purpose of obtaining accurate information on burials in the Town of Banff. It is protected under the privacy provisions of the FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (Alberta). If you have any questions about the collection of this information, contact the Town of Banff Operations Division at (403) 762-1240. Mail Address: P.O. Box 1260, Banff, AB T1L 1A1

Name of Deceased: _____
Given Names Surname

Cause of Death: _____

Latest Address of Deceased: _____

Accumulated Years of Residency in Banff and/or other National Parks: _____

Cemetery: _____ Section: _____ Plot: _____

Church Service: Date: _____ Time: _____

Graveside Service: Date: _____ Time: _____

Date of Death: _____
Day Month Year

Date of Burial: _____
Day Month Year

Bill To: _____

Contact Person: _____
Funeral Director _____
and/or Next of Kin: _____

Amount: _____

Remarks: _____

Cremation _____ Full Burial _____

Casket Size _____ Rough Box _____

Clerk: _____

