



# INTERMENT APPLICATION FORM

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD / MM / YYYY

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) 7621240. Mail Address: P.O. Box 1260, Banff, AB. T1L 1A1

## PERSON TO BE INTERRED

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD / MM / YYYY

Cause of Death: \_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD / MM / YYYY

Interment Eligibility Confirmed:  (Please tick)

Latest Address: \_\_\_\_\_  
\_\_\_\_\_

## GRAVESIDE SERVICE INFORMATION

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Funeral Home: \_\_\_\_\_  
DD / MM / YYYY (If applicable)  
Funeral Director Phone: \_\_\_\_\_

## CEMETERY INFORMATION

Cemetery: \_\_\_\_\_ Section: \_\_\_\_\_ Plot: \_\_\_\_\_ Location: \_\_\_\_\_

Interment Type:  Full Burial  Cremation (Please tick)

Grave Owner: \_\_\_\_\_ Address: \_\_\_\_\_

## PERSON AUTHORIZING INTERMENT

Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Grave Owner: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Signature: \_\_\_\_\_

**INVOICE INFORMATION**

Name / Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Comments / Notes: \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION (Optional)**

The following information is optional and would be provided for future genealogical and historical research only

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ Sex: \_\_\_\_\_

**Brief Family History, including years of residency in Banff:**

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\_\_\_\_\_  
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