



BURIAL APPLICATION FORM

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: _____
Surname First Name Middle Name or Initial

Cause of Death: _____

Latest Address of Deceased: _____

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

Additional Plot Requested: Circle One: Yes or No

(Applies to Mountain View Cemetery Only - for first time plot purchases only)

Please sign below to confirm that you have circled either Yes or No above

_____ Print Name Signature _____

Cemetery: _____ Section: _____ Plot: _____ Location: _____

Church Service: Date: _____ Time: _____

Date of Graveside Service/Burial: Date: _____ Time: _____

Date of Death: Day: _____ Month: _____ Year: _____

Bill To: _____
Name

_____ Address Town/City Province Postal Code

_____ Phone # Fax # Email Address

Amount: _____

