



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 Cemeteries Office at (403) 497-4274. 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: _____

Invoice Delivery Method: E-mail Mail

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:

