



TOWN OF
HIGH LEVEL

10511 – 103 Street
High Level, AB
T0H 1Z0
Ph: 780-926-2201
Fax: 780-926-2899

Cemetery

Columbarium Burial Application

| | | | | | |
|--|---|-----------------------|--|----------------|--|
| Name of Deceased | | Block | <input type="checkbox"/> WEST Facing or <input type="checkbox"/> EAST Facing | Niche # | |
| | | | | | |
| Last Name | | Given Name | | | |
| | | | | | |
| Nickname | | Other Name(s) | | | |
| | | | | | |
| Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | | | |
| Place of Death | | Marital Status | | | |
| | | | | | |
| Undertaker | | | | | |
| | | | | | |
| Full name and Address of nearest relative | | | Relationship of Relative | | |
| Name: Address: City/Town: Province: | | | Postal Code: | | |

| | | |
|-------------------------------------|--|----------------------|
| Signature of Applicant | | Date |
| X | | |
| Mailing address | | Email Address |
| Address: City/Town: Province: | | Postal Code: |

| Office Use Only | | | | | |
|---|--|---------------|--|--------------------|--|
| Date Paid | | Amount | | Receipt No. | |
| Burial Permit Received / Date | | | | | |
| Date entered into Columbarium register | | | | Initials | |

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