



Section A – Cemetery Location and Burial Information

FUNERAL HOME: _____
ORDERED BY: _____

DATE OF ORDER: _____
DATE CONFIRMED: _____

<input type="checkbox"/> MOUNTAIN VIEW CEMETERY <input type="checkbox"/> ARCHMOUNT CEMETERY <input type="checkbox"/> ST. PATRICK'S CEMETERY <input type="checkbox"/> ROYAL VIEW MEMORIAL	BLOCK: _____	LOT: _____	GRAVE: _____	LOCATION: _____
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TYPE OF SERVICE: <input type="checkbox"/> Casket Burial <input type="checkbox"/> Cremation Burial <input type="checkbox"/> Exchange of Plot <input type="checkbox"/> Purchase Pre-Need Plot <input type="checkbox"/> Transfer of Plot <input type="checkbox"/> Other _____	TYPE OF PLOT: <input type="checkbox"/> Family Plot <input type="checkbox"/> New Plot <input type="checkbox"/> Other <input type="checkbox"/> Field of Honour Plot Service # _____ Spouse # _____	DESCRIPTION OF PLOT <input type="checkbox"/> Single Casket Plot (4'X10') <input type="checkbox"/> Double Depth Casket Plot (4'x10') <input type="checkbox"/> Cremation Plot (3'x4')(4'x4')(4'x5') <input type="checkbox"/> Niche (10 1/2" sq.)(12"x12"x15") <input type="checkbox"/> Babyland Plot (40"x60") <input type="checkbox"/> Scatter Garden Monument (2"x10")
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Type of Outer Liner: _____ Day & Date of Service: _____
 Supplier: _____ Arrival Time: _____

Previous Burials: _____
 Remarks: _____

The undersigned acknowledges and agrees to the terms and conditions as set forth on the reverse side of this application relative to the purchase of the above goods and services and/or use of the plot.

SECTION B – PURCHASER DETAILS
 Title: Mr. Mrs. Ms Miss

 Surname: _____
 Given Names: _____
 Address: _____

 Postal Code: _____ Phone Number: _____
 Signature: _____

SECTION C – DECEASED INFORMATION
 Title: Mr. Mrs. Ms Miss Infant

 Surname: _____
 Given Names: _____
 Last Address of Deceased: _____

 Date of Death: _____
 Date of Birth: _____
 Place of Birth: _____
 Male Female

CONTACT PERSON/PERSONAL REPRESENTATIVE OF TITLEHOLDER:
 Title: Mr. Mrs. Ms Miss

 Surname: _____
 Given Names: _____
 Address: _____

 Postal Code: _____ Phone Number: _____
 Relationship to Purchaser: _____
 Relationship to Deceased: _____
 Signature: _____

REPRESENTATIVE AUTHORIZING BURIAL:
 Title: Mr. Mrs. Ms Miss

 Surname: _____
 Given Names: _____
 Address: _____

 Postal Code: _____ Phone Number: _____
 Relationship to Purchaser: _____
 Relationship to Deceased: _____
 Signature: _____

SUMMARY OF CHARGES:
 New Plot (including perpetual care) _____
 Open/Close for Interment _____
 Greens&/or Lowering Device _____
 Installation of Outer Liner _____
 Sunday Burial Surcharge _____
 Late Funeral Surcharge _____
 Disinterment Expenses _____
 Transfer/Exchange Fee _____

 Sub Total _____
 GST (#R122211253) _____
 Monument Permit _____
 Total _____

METHOD OF PAYMENT:
 Cash Cheque MC Visa Other

 Bill to: _____

INVOICE NUMBER _____

FOR OFFICE USE ONLY Cemetery Mapped Booked Carded Entered Copy Mailed Copy Rec'd

DATE PAID: _____ **SIGNED BY CITY REPRESENTATIVE:** _____

**Burial Rights Application
and Permit for Burial**

City of Lethbridge Cemetery Sales Office Phone: 403.320.3008 Fax: 403.329.1776
Location: Mountain View Cemetery, 12th Street & Scenic Drive South
Mailing Address: City Hall, 910 – 4th Avenue South, Lethbridge, AB T1J 0P6

1. This Application is a contract between the Applicant and the City for the right to use the plot(s)/niche(s) described only for the burial of human remains and/or the Scatter Garden Monuments for memorialization.
2. The plot(s)/niche(s)/Scatter Garden Monument(s) remain the property of The City of Lethbridge.
3. The Applicant releases The City and its representatives from all claims, demands and rights of action which the Applicant may have against The City in future for loss or damages resulting from the theft or vandalism to the monument(s)/grave markers(s) or flowers placed on the plot(s)/niche door.
4. The Applicant understands that this Application is issued under The City of Lethbridge Cemetery Bylaw and amendments thereto, and that the provisions of such Bylaw apply to this agreement.
5. The contract is binding on the Applicant, his/her/their respective heirs, executors, administrators, successors, and assigns.

In consideration of the payment by the Applicant of the amount noted, The City hereby grants to the Applicant this signed contract for use of a burial plot(s).

NOTE: The Applicant or his/her representative declares that approval has been received for the interment of the person named by the registered owner of the said plot.

RIGHT TO CANCEL BY PURCHASER

1. You may cancel this contract at any time for any reason. You may cancel without charge or penalty at any time during the period from the day you enter into the contract until 30 days after you receive a copy of the contract. If you cancel after 30 days you may still have to pay for interment space and for any cemetery supplies and cemetery services that have already been supplied, performed or delivered, as the case may be.
2. If you cancel this contract, the seller has 15 days to refund any money you are owed. To cancel, you must give a notice of cancellation to The City of Lethbridge, the owner of the cemetery, columbarium or scatter garden monument at the address shown in the contract. You should give notice of cancellation by a method that will allow you to prove that you gave notice, such as registered mail, fax, courier or by personal delivery.

RESALE OF INTERMENT SPACE

3. After the penalty-free 30-day cancellation period is over, the seller will allow you to resell your interment space on the open market. The City of Lethbridge will buy back the unused interment space from you, if you wish, and will refund 90% of the original purchase price or 35% of the current selling price, whichever is the greater amount.

WHO MAY CONTROL DISPOSITION

Sometimes family members cannot agree about how to dispose of a body or cremains. In these cases the regulation states that, in the absence of a court order, the people in the following order of priority can make the decision:

- the personal representative designated in the will of the deceased;
- the spouse of the deceased if the spouse was living with the deceased at the time of death, or a person who had been living with the deceased at the time of death as spouse for a continuous period of a least 2 years;
- an adult child of the deceased;
- a parent of the deceased;
- a guardian of the deceased under the Dependent Adults Act or, if the deceased is a minor, under the Child Welfare Act of the Domestic Relations Act;
- an adult grandchild of the deceased;
- an adult brother or sister of the deceased;
- an adult nephew or niece of the deceased;
- an adult next of kin of the deceased determined on the basis provided by section 8 and 9 of the Intestate Succession Act;
- the Public Trustee;
- an adult person having some relationship with the deceased not based on blood ties or affinity;
- the Minister of Family and Social Services.

The personal information contained on this form is collected under the authority of the Alberta Cemeteries Act and the City of Lethbridge Cemetery Bylaw, and will be used for the purpose of maintaining proper records for The City of Lethbridge Cemeteries, and may be disclosed in accordance with section 40 of the Freedom of Information and Protection of Privacy Act.

If you have any questions about this collection, please contact the Cemetery Clerk at the address or phone number at the top of this page.