Lethbridge

Application for Change of Burial Rights

Community Ser	vices - Cemetery	/ Office		
Office Address:	Mountain View	Cemetery, 11 th Street & Scenic Drive	e South Date:	
Mail Address:	910 - 4 th Avenue	South, Lethbridge, AB T1J 0P6		
Phone Number:	403.320.3008	Fax Number: 403.329.1776	Contract#	
Note:				

- a) In the event of Joint Ownership, BOTH signatures are required, (or in the event the Owner is deceased, a copy of the Will stating authorization will be required; and
- b) When applying for <u>Transfer</u>, <u>Exchange</u>, or <u>Return to City</u>, the Original Title to the plot(s) MUST accompany this form; and

c) When applying for <u>Transfer</u> or <u>Exchange</u> the Service Fee of \$170.00 per plot plus GST <u>MUST</u> accompany this form

RE: Burial Rights in Cemetery							
Block #	Lot #	Grav	<u>ve(s) #</u>	Locatio	on		
Executor/Executrix o	or Personal Representa of the Estate/Beneficiary	/) R E: N	Joint Original Titleholder (or Personal Representative(s)/Executor/Executrix of the Estate/Beneficiary) Name: Address:				
City or Town/Province or State/Postal Code/Phone #			City or Town/Province or State/Postal Code/Phone #				
Signature:	Signature:			Signature:			
I/WE WISH TO: (please indicate one of the following)							
RETURN Burial Rights to the City of Lethbridge for resale (according to the City Cemetery By-Law)							
90% of Original Purchase Price OR 35% of Current Selling Price							
□ TRANSFER Burial Rights to:							
Name(s)							
Address	City	Province/State	Postal	Code	Phone #		
		ck #		rave(s) #	Location		
THIS IS YOUR RECEIPT							
Transfer/Exchange Fee: \$170.00 per plot, x plots plus GST \$							
Date Payment Received City Representative							
For Office Use Only Date check of Records & Monument before Approval:							
Map	Book Computer Entry	Card	~~ ~~	q.	Chq.#		