

## Lethbridge Cemetery Office

Office Address: Mountain View Cemetery, 11<sup>th</sup> Street & Scenic Drive South Date: \_\_\_\_\_

Mail Address: 910 - 4<sup>th</sup> Avenue South, Lethbridge, AB T1J 0P6

Phone Number: 403.320.3008

Fax Number: 403.329.1776

Contract# \_\_\_\_\_

### Note:

- 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
- When applying for Transfer, Exchange, or Return to City, the Original Title to the plot(s) MUST accompany this form; and
- When applying for Transfer or Exchange the Service Fee of \$180.00 per plot plus GST MUST accompany this form
- In making this transfer, I agree to indemnify the City from any and all claims, including negligence, with regards to my transferring the below-described burial rights.

<b>RE: Burial Rights in _____ Cemetery</b>				
<b>Block #</b>	<b>Lot #</b>	<b>Grave(s) #</b>	<b>Location</b>	
<b>Original Titleholder (or Personal Representative(s)/ Executor/Executrix of the Estate/Beneficiary)</b>  <b>Name:</b> _____ <b>Address:</b> _____  <b>City or Town/Province or State/Postal Code/Phone #</b>  <b>By signing the within Application for Change of Burial Rights, I acknowledge and confirm that I have all rights and power to transfer and assign such burial rights.</b>  <b>Signature:</b> _____		<b>Joint Original Titleholder (or Personal Representative(s)/ Executor/Executrix of the Estate/Beneficiary)</b>  <b>Name:</b> _____ <b>Address:</b> _____  <b>City or Town/Province or State/Postal Code/Phone #</b>  <b>By signing the within Application for Change of Burial Rights, I acknowledge and confirm that I have all rights and power to transfer and assign such burial rights.</b>  <b>Signature:</b> _____		
<b>I/WE WISH TO: (please indicate one of the following)</b>				
<input type="checkbox"/> <b>RETURN Burial Rights to the City of Lethbridge for resale</b> <i>(according to the City Cemetery By-Law)</i>				
90% of Original Purchase Price		<b>OR</b> 35% of Current Selling Price		
<input type="checkbox"/> <b>TRANSFER Burial Rights to:</b>				
<b>Name(s)</b>				
<b>Address</b>	<b>City</b>	<b>Province/State</b>	<b>Postal Code</b>	<b>Phone #</b>
<input type="checkbox"/> <b>EXCHANGE Burial Rights for:</b> <i>Block #</i> _____ <i>Lot #</i> _____ <i>Grave(s) #</i> _____ <i>Location</i> _____				
<b>THIS IS YOUR RECEIPT</b>  <b>Transfer/Exchange Fee: \$175.00 per plot, x _____ plots plus GST    \$ _____</b>  <b>Date Payment Received</b> _____ <b>City Representative</b> _____				

For Office Use Only	Date check of Records & Monument before Approval:			
Map	Book	Card	Chq. Req.	Chq.#
Letter	Computer Entry			

