



Today's Date: _____

Name of Funeral Home: _____

Name of Deceased:	
Date of Service:	
Date of Birth:	
Date of Death & Place:	
Funeral Director & Phone #:	
ETA of Service:	

Burial

Grave Liner:	<input type="checkbox"/> Infant	<input type="checkbox"/> Reg. Adult	<input type="checkbox"/> Oversize	
Box Supplier	<input type="checkbox"/> Legacy	<input type="checkbox"/> Paul Stein	<input type="checkbox"/> Bridge Vault	<input type="checkbox"/> Other
Greens:	Supplied by: <input type="checkbox"/> Funeral Home <input type="checkbox"/> Family (Greens will not be supplied by the Town for burials)			

Cremation

Cremation:	Services are done by: <input type="checkbox"/> Family <input type="checkbox"/> Funeral Home
Greens (Cremation Only):	Supplied by: <input type="checkbox"/> Town <input type="checkbox"/> Funeral Home <input type="checkbox"/> Family (Greens will only be supplied by Town for families burying an urn)

Standard hole size: 16" diameter by 30" - 36" deep (Dirt is left beside the hole)

Special instructions for hole size/diameter: _____

Location of Urn: (maximum 3 per grave plot)

West East

OFFICE ONLY. DO NOT FILL IN BELOW THIS LINE.

DESCRIPTION	SUBTOTAL	GST	TOTAL
Plot			
Columbarium Niche			
Interment - Open & Close			
Location @ Cemetery	Block:	Lot:	Plot:
			Next to:

Magrath Cemetery Contact Person: **Trevor Millward - 587-220-1095**

Please email a copy of the burial permit to reception@magrath.ca or by fax at 403-758-6333

Privacy Notice

The personal information collected on this form is collected by the Town of Magrath under section 4(c) of the Protection of Privacy Act. The information is collected for the purpose of administering and providing municipal programs, services, and activities and relates directly to and is necessary for an operating program or activity of the Town.

If you have questions about the collection of this information, please contact our Privacy Officer: Phone: 403-758-3212