

SECTION 1: APPLICANT INFORMATION *Representative of the Deceased*		
Name:	Email:	
Mailing Address:	Phone Number:	
SECTION 2: DECEASED PERSON'S INFORMATION		
Name:	Remains are: <input type="checkbox"/> Cremated <input type="checkbox"/> Human Remains	
Date of Death:		
<i>Personal Representative or Next of Kin *required under General Regulation, Alta Reg 249/1998 if different than the Applicant Information above.</i>		
Name:	Mailing Address:	
SECTION 3: INTERMENT RIGHTS		
Interment Rights Holder for the Plot: <small>(Person named on the Interment Rights Certificate for Plot)</small>	Cemetery: <input type="checkbox"/> Lakeview Cemetery <input type="checkbox"/> Grand Centre Memorial Park	Plot/Niche:
Name:		
<p>The deceased has a valid interment right (through one of the following) because the deceased:</p> <p><input type="checkbox"/> Is the Interment Rights Certificate Holder.</p> <p><input type="checkbox"/> Is named as a Secondary Rights Holder on the Interment Rights Certificate.</p> <p><input type="checkbox"/> Has a surviving right of interment through evidence provided by the legal representative of the original Rights Holder or has been granted a surviving right of interment by the City.</p> <p>If yes, to any of the above 3 options, you <u>DO NOT</u> have to Complete Section 4.</p> <p>Or, the deceased does not have a valid interment right, but the deceased has permission to be interred into the plot because the deceased:</p> <p><input type="checkbox"/> Has been granted permission by the Interment Rights Holder to be interred into his/her plot.</p> <p>If yes, the Interment Rights Holder <u>MUST</u> Complete Section 4.</p>		
SECTION 4: INTERMENT RIGHTS HOLDER PERMISSION		
Name:	Email:	
Mailing Address:	Phone Number:	
<p>I am the:</p> <p><input type="checkbox"/> Current, living Interment Rights Certificate Holder.</p> <p><input type="checkbox"/> Current, living Secondary Rights Holder on the Interment Rights Certificate.</p> <p><input type="checkbox"/> Power of Attorney for the current, living Interment Rights Holder or Secondary Rights Holder.</p> <p><input type="checkbox"/> Personal Representative of the estate of the Interment Rights Holder or Secondary Rights Holder.</p> <p><input type="checkbox"/> Immediate child (all living children must give permission) of the Interment Rights Holder.</p> <p>I do hereby authorize the City of Cold Lake to inter the body or cremated remains of _____ into plot/niche _____ at the _____ Cemetery, as permitted by the City of Cold Lake Cemetery Bylaw. I certify that the information I have provided on this application is true to the best of my knowledge.</p>		
Permission Holder Signature: _____		Date: _____
Permission Holder Signature: _____		Date: _____
Permission Holder Signature: _____		Date: _____
Permission Holder Signature: _____		Date: _____
Permission Holder Signature: _____		Date: _____
Permission Holder Signature: _____		Date: _____
Permission Holder Signature: _____		Date: _____
Permission Holder Signature: _____		Date: _____

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.

SECTION 5: INTERMENT INFORMATION

*Name of funeral director or other person in charge of the funeral is required under General Regulation, Alta Reg 249/1998

Date of Interment: _____

Time of Interment: _____

Person Responsible for Interment: _____

☐ Funeral Director

☐ Other - Relationship to Deceased: _____

Name: _____

Contact Information: _____

SECTION 6: STATEMENT OF APPLICANT

I certify that the information I have provided on this application is true to the best of my knowledge.

Applicant Signature: _____

Date: _____

Please submit the completed application by email cemeteries@coldlake.com, by mail, or in person at the address below

Attention: Legislative Services Department

☐ Completed Application Form

☐ Payment

☐ Evidence of a valid Interment Right

☐ For human remains, a copy of the province of Alberta burial permit and for cremated remains, a Certificate of Cremation, or for deaths that occurred outside the province of Alberta a disposition document confirming the legal registration of the death in another jurisdiction.

OFFICE USE ONLY

Fees: Interment/Services (Administration/Records Management):

<input type="checkbox"/> Human Remains	\$80.00
<input type="checkbox"/> In-Ground: Cremated Remains	\$80.00
<input type="checkbox"/> Niche: Cremated Remains	\$80.00
<input type="checkbox"/> Saturday/Sunday/Holiday Services	\$205.00
<input type="checkbox"/> Late Notice for Interment	\$130.00

Fees: Interment Services (Opening and Closing):

<input type="checkbox"/> Human Remains Casket Burial	\$1,450.00
<input type="checkbox"/> In-Ground: Cremated Remains - Nov 1 to Apr 30	\$550.00
<input type="checkbox"/> In-Ground: Cremated Remains - May 1 to Oct 31	\$550.00
<input type="checkbox"/> Niche: Cremated Remains	\$105.00

Payment Type:

☐ Cash ☐ Cheque ☐ Debit ☐ Credit

Interment Fee: \$ _____

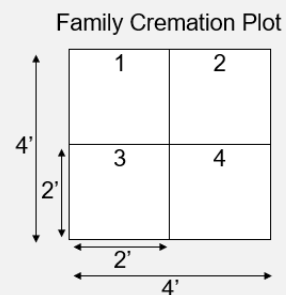
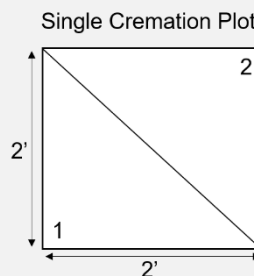
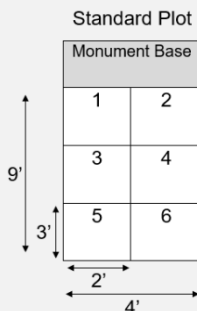
GST: \$ _____

Total Cost: \$ _____

Submission Checklist:

- ☐ Application Form Complete
- ☐ Payment Received
- ☐ Receipt #: _____
- ☐ Evidence of a valid Interment Rights
- ☐ Submission of Alberta burial permit or Certificate of Cremation

For all URN interments into ground plots: Place an "X" on the diagram in the urn interment location



INTERMENT AUTHORIZATION

The City of Cold Lake, as the owner of the cemetery, hereby grants permission for the interment of _____ into plot/niche _____ in the _____ Cemetery in Cold Lake, Alberta.

Legislative Services Manager Signature: _____

Date: _____

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