



Contract For Cemetery Services

Foothills County

309 Macleod Trail, Box 5605, High River, AB T1V 1M7 • Tel: 403-652-2341 Fax: 403-652-7880
 At Need/Emergency Tel: 403-852-0500 • Email: cemetery@mdfoothills.com

www.mdfoothills.com

10/02/2020

SECTION A – CEMETERY LOCATION AND BURIAL INFORMATION:

DATE:

<input type="checkbox"/> Blackie <input type="checkbox"/> Cayley <input type="checkbox"/> Foothills <input type="checkbox"/> Pine Creek <input type="checkbox"/> Gladys Union <input type="checkbox"/> Davisburg	BLOCK:	ROW:	PLOT:	NICHE:
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INTERMENT: <input type="checkbox"/> Casket Burial <input type="checkbox"/> Cremation Burial <input type="checkbox"/> Columbarium Niche Other _____	PLOT LICENSE: <input type="checkbox"/> At-Need <input type="checkbox"/> Pre-Need RESERVED FOR: _____ _____ _____ ***Please be advised that Foothills County requires a minimum of 3 business days to facilitate the organization of interment preparations.	DESCRIPTION OF PLOT/SERVICE: SINGLE PLOT: <input type="checkbox"/> Casket <input type="checkbox"/> 1 st Urn with Existing Casket <input type="checkbox"/> 2 nd Urn with Existing Casket <input type="checkbox"/> 1 st Urn <input type="checkbox"/> 2 nd Urn NICHE: <input type="checkbox"/> 1st Urn in Niche <input type="checkbox"/> 2 nd Urn in Niche
TYPE: <input type="checkbox"/> Existing Plot <input type="checkbox"/> New Plot Type: <input type="checkbox"/> Full Size <input type="checkbox"/> Cremation <input type="checkbox"/> Niche <input type="checkbox"/> Children Plot (0-3yrs) – Foothills Only <input type="checkbox"/> Field of Honour Plot Service # _____ Spouse # _____		

Vault Yes: <input type="checkbox"/> No: <input type="checkbox"/> Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Fiber Glass <input type="checkbox"/> High Impact Plastic <input type="checkbox"/> Other _____ Size: (L x W x H): _____	Casket Material: <input type="checkbox"/> Hardwood <input type="checkbox"/> MDF <input type="checkbox"/> Plywood <input type="checkbox"/> Steel <input type="checkbox"/> Other _____ Size: (L x W x H): _____	Urn Material: <input type="checkbox"/> Composite <input type="checkbox"/> Crystal <input type="checkbox"/> Granite <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ Size: (L x W x H): _____	Request date of Service: Start Time of Graveside: End Time of Graveside: <ul style="list-style-type: none"> Should complications with the opening occur; additional charges will apply. Any portion of the closing taking place after 6pm will incur additional surcharges.
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SECTION B – LICENSEE/LEGAL REPRESENTATIVE: <input type="checkbox"/> Executor <input type="checkbox"/> Spouse <input type="checkbox"/> Legal <input type="checkbox"/> Province <input type="checkbox"/> Other _____ Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss Surname: _____ Given Names: _____ Address: _____ _____ Phone Number: _____ Email: _____ I/We promise to provide Foothills County with a <input type="checkbox"/> Burial Permit and a <input type="checkbox"/> Cremation Certificate if applicable as well as all fees itemized in this agreement either directly or in care of the noted 3 rd party. Signature: _____ <p style="text-align: center;">(LICENSEE/LEGAL REPRESENTATIVE)</p>	SECTION C – DECEASED INFORMATION: Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss Surname: _____ Given Names: _____ Last Address of Deceased: _____ _____ _____ Date of Death: _____
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SECTION D - FUNERAL HOME (3rd Party):

Name: _____

Contact Name: _____

Email Address: _____

Address: _____

Phone Number: _____

I/We promise to provide Foothills County with a **Burial Permit** and a **Cremation Certificate**.

Before finalizing interment arrangements with the licensee or legal representative of the deceased person: interment date, time and estimated cost are to be confirmed with Foothills County.

Signature: _____

(FUNERAL HOME REPRESENTATIVE)

SECTION E - BILLING INFORMATION:

Invoice directly to licensee/legal representative

Invoice to licensee/legal representative c/o Funeral Home

ESTIMATE OF CHARGES: ("At Need" services are limited to \$100 Admin. Fee.)

Plot/Niche License \$ _____

Admin. Fee – Plot/Niche License \$ _____

Admin. Fee – Interment \$ _____

Open/Close for Interment \$ _____

- This is an anticipated estimate. Situations may occur with the opening/closing that will result additional charges.

Additional Excavation fees: \$ _____

After hour fees: \$ _____

Sub Total \$ _____

GST \$ _____

Total \$ _____

METHOD OF PAYMENT:

- Cash
- Cheque
- MC
- Visa
- Other _____

I/We agree to the above stated sum.

Signature: _____

(LICENSEE/LEGAL REPRESENTATIVE)

NOTE: A permit is required for any fabrication, installation, maintenance, repairs or work conducted on a monument. Please contact Foothills County for an application.

This information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). Inquiries about the collection of this information should be directed to the Foothills County FOIP contact person, P.O. Box 5605, High River, Alberta T1V 1M7. Telephone (403) 652-2341. Thank you.

INTERNAL OFFICE USE ONLY:

Instructions to Contractor: _____

Grave to be open by: _____

Grave to be closed by: _____

Marking Scheduled: _____

Marking Completed: _____

Notes: _____

INTERNAL OFFICE USE ONLY:

FOOTHILLS COUNTY REPRESENTATIVE:

Print Name: _____

Signature: _____

Date: _____

SIGNATURE FOR CODING:

Signature: _____

Date: _____