



# Contract For Cemetery Services

**Foothills County**

309 Macleod Trail, Box 5605, High River AB T1V 1M7  
Cemeteries Tel: 403-603-6205

**FoothillsCountyAB.ca**

Tel: 403-652-2341 Fax: 403-652-7880  
Email: cemetery@FoothillsCountyAB.ca

15/08/2022

**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	<b>BLOCK:</b>	<b>ROW:</b>	<b>PLOT:</b>	<b>NICHE:</b>
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<b>INTERMENT:</b> <input type="checkbox"/> Casket Burial <input type="checkbox"/> Cremation Burial <input type="checkbox"/> Columbarium Niche Other _____	<b>PLOT LICENSE:</b> <input type="checkbox"/> At-Need <input type="checkbox"/> Pre-Need <b>RESERVED FOR:</b> _____ _____ _____  ***Please be advised that Foothills County requires a minimum of 3 business days to facilitate the organization of interment preparations.	<b>DESCRIPTION OF PLOT/SERVICE:</b> <b>SINGLE PLOT:</b> <input type="checkbox"/> Casket <input type="checkbox"/> 1 <sup>st</sup> Urn with Existing Casket <input type="checkbox"/> 2 <sup>nd</sup> Urn with Existing Casket <input type="checkbox"/> 1 <sup>st</sup> Urn <input type="checkbox"/> 2 <sup>nd</sup> Urn  <b>NICHE:</b> <input type="checkbox"/> 1st Urn in Niche <input type="checkbox"/> 2 <sup>nd</sup> Urn in Niche
<b>TYPE:</b> <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 # _____		

<b>Vault Yes: <input type="checkbox"/> No: <input type="checkbox"/></b> <b>Material:</b> <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): _____	<b>Casket Material:</b> <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): _____	<b>Urn Material:</b> <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"> <li>Should complications with the opening occur; additional charges will apply.</li> <li>Any portion of the closing taking place after 6pm will incur additional surcharges.</li> </ul>
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<b>SECTION B – LICENSEE/LEGAL REPRESENTATIVE:</b> <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"/> <b>Burial Permit</b> and a <input type="checkbox"/> <b>Cremation Certificate</b> if applicable as well as all fees itemized in this agreement either directly or in care of the noted 3 <sup>rd</sup> party. Signature: _____ <div style="text-align: center;">(LICENSEE/LEGAL REPRESENTATIVE)</div>	<b>SECTION C – DECEASED INFORMATION:</b> 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 (3<sup>rd</sup> 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: Candace Rogers

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SIGNATURE FOR CODING:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_