



# Contract For Cemetery Services — LICENCE

**Foothills County**  
309 Macleod Trail, Box 5605, High River AB T1V 1M7  
Email: cemetery@FoothillsCountyAB.ca

www.FoothillsCountyAB.ca  
Tel: 403-652-2341 Fax: 403-652-7880  
Cemeteries Tel: 403-603-6205

## SECTION A – CEMETERY LOCATION AND PLOT DESCRIPTION:

## APPLICATION DATE:

|                                    |                                       |                    |             |                  |               |
|------------------------------------|---------------------------------------|--------------------|-------------|------------------|---------------|
| <input type="checkbox"/> Blackie   | <input type="checkbox"/> Pine Creek   | <b>BLOCK/SITE:</b> | <b>ROW:</b> | <b>PLOT/LOC:</b> | <b>NICHE:</b> |
| <input type="checkbox"/> Cayley    | <input type="checkbox"/> Gladys Union |                    |             |                  |               |
| <input type="checkbox"/> Foothills | <input type="checkbox"/> Davisburg    |                    |             |                  |               |

## SECTION B - LICENCE TYPE:

- Full Size  Cremation  Niche  Children's Plot (0-3yrs) – Foothills Only  
 Field of Honour (Foothills Cemetery)  Veteran's Plot (*general plot in any County owned or managed public cemetery*)  
 Service # \_\_\_\_\_ Spouse # \_\_\_\_\_

RESERVED FOR: \_\_\_\_\_ (application attached)

## SECTION C – LICENSEE/LEGAL REPRESENTATIVE:

- Self  Executor  Spouse  Legal  Province  Other \_\_\_\_\_

Mr.  Mrs.  Ms.  Miss Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(Licensee/Legal Representation may require an affidavit)

## SECTION D – FEES

Invoice directly to licensee/legal representative

Plot/Niche Licence \$ \_\_\_\_\_

Admin. Fee – Plot/Niche Licence \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

GST \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

This agreement does not include interment fees.

I/We agree to the above stated sum.

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

(LICENSEE/LEGAL REPRESENTATIVE)

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

## SECTION E – ADDITIONAL INFORMATION

Funeral Home (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's email address: \_\_\_\_\_

OTHER INFORMATION:

## Notes:

- The application/request for interment consideration must be received by Foothills County **3** full cemetery business days before interment.
- Cemetery Office hours 9 am to 1 pm Monday to Friday and closed on Statutory Holidays.
- Interments are to be scheduled and completed within the following hours:  
October 1 – March 31 10:00 am – 2:30 pm; April 1 – September 30 10:00 am – 4:00 pm
- A permit is required for any fabrication, installation, maintenance, repairs; or work conducted on a monument. Please contact Foothills County for an application.

FOOTHILLS COUNTY REPRESENTATIVE: \_\_\_\_\_  
Print Name Signature Date