



Contract For Cemetery Services — INTERMENT

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 BURIAL INFORMATION:

DATE:

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

INTERMENT: Casket Burial Cremation Burial Columbarium Niche

Request date of Service: Start Time of Graveside: End Time of Graveside:	NOTE: Should complications with the opening occur; additional charges will apply. Any portion of closing taking place after 4pm will incur additional surcharges.
---	---

DESCRIPTION OF INTERMENT: SINGLE PLOT: <input type="checkbox"/> Casket <input type="checkbox"/> Urn <input type="checkbox"/> Urn # _____ with Existing Casket	NICHE: <input type="checkbox"/> 1st Urn in Niche <input type="checkbox"/> 2nd Urn in Niche	Vault Yes: <input type="checkbox"/> No: <input type="checkbox"/> Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Fiber Glass <input type="checkbox"/> Other _____ Size: (L x W x H): _____	Casket Material: NA <input type="checkbox"/> MDF <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Other _____ Size: (L x W x H): _____	Urn Material: <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ Size: (L x W x H): _____
---	---	---	---	---

SECTION B – 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 C – FEES

Plot/Niche Open-Close	\$ _____
Admin. Fee – Plot/Niche Open-Close	\$ _____
Sub Total	\$ _____
GST	\$ _____
Total	\$ _____

I/We agree to the above stated sum.

Signature: _____
(LICENSEE/LEGAL REPRESENTATIVE)

Date: _____

SECTION D – DECEASED INFORMATION: Title: Mr. Mrs. Ms. Miss

Surname: _____ Given Names: _____

Last Address of Deceased: _____

Date of Death: _____

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 – 4:00pm. **NOTE:** Any portion of closing taking place after **4pm** (including Travel Time) will incur additional surcharges.

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: Candace Antony _____
Print Name Signature Date