

LAVOY CEMETERY INTERMENT FORM

Box 550, 4909-50 Street, Vegreville, AB, T9C 1R6 Phone: 780-632-2082 https://www.minburncounty.ab.ca

BURIAL IDENT	IFICATION	
Name of Decease	ed:	
Plot#:	Purchase Receipt#	:Purchaser:
	on is different than purchall to approve the burial.	aser of plot a signature of an authorized member of the
Name:	Signatu	re: Date:
BURIAL INSTRU	JCTIONS	
Interment (caske	et burial) 🗌 🛮 Inurnment	(cremation burial) \square
Date of Interment:		Graveside Time of Interment:
Contact Name:		Contact Phone:
Contact E-mail:		Funeral Home:
LOCATION OF U	existing and new interment	locations with "X" and the name of the deceased.
	Casket (maximum two urns per p Headstone	olot) No Casket (maximum three urns per plot) Headstone
Foot of Grave		Foot of Grave
		OFFICE USE ONLY
Plot marked by (print	: name):	Date:
Signature:		

Collection and Use of Personal Information

Personal information is collected in accordance with Section 4 of the *Protection of Privacy Act (POPA)*. It will be used to process the request. If you have any questions about the collection and use of the information, contact 780.632.2082.