

COUNTY OF MINBURN NO. 27

LAVOY CEMETERY INTERMENT FORM

4909-50 Street, Vegreville, AB T9C 1R6 Phone: 780-632-2082

Planning@minburncounty.ab.ca

BURIAL IDENTIFICATION	N			
Name of Deceased:				
Plot #: Block #: _	Purchase Receipt #	:Pu	rchaser:	
If deceased person is different required to approve the bur	•	a signature of ar	n authorized member o	f the family is
Name:	Signature:		Date:	
BURIAL INSTRUCTIONS				
Please select ONE: Inter	rment (casket burial)	- or -	Inurnment (cremat	tion burial)
Date of Interment: Gravesi		eside Time of In	de Time of Interment:	
Contact Name:	act Name: Contact Pho		ne:	
Contact E-mail:		Funeral Home:		
one standard casket plus us containing cremated remain	ns.	N OF URNS		
_	new interment location			
Casket (maximum two urns per plot) Headstone		,		
	of Grave		Headstone Foot of Grave	
	OFFICE U	JSE ONLY		
Plot Marking Verification				
Plot marked by:		Date:		_
Date completed form received:		Received by:		_

Personal information is collected in accordance with Section 4 of **The Protection of Privacy Act** (POPA) and is used solely for purposes relating to the County of Minburn operations. If you have any questions regarding the collection or use of this information, contact the Chief Administrative Officer at 780-632-2082.