

Personal information

Name of deceased: _____

Date of death: _____ Date of burial: _____

Paid by: _____

Invoice to: _____
Name and address

Deed required? Yes No

Deed to be sent to: _____
Name and address

Phone number: _____ Relationship to deceased: _____

Signature of purchaser: _____ Date: _____

Fees

Location: Wetaskiwin Cemetery (old) Wetaskiwin Memorial Cemetery (new)

Full body plot(s): _____

Cremains plot(s): _____

Other (columbarium, etc.): _____

Perpetual care fee: _____

Opening/closing fee: _____

Subtotal: _____

G.S.T.: _____

Total: _____

Office use only

PLT CRE OPC PER Other

Date paid: _____ Rec'd by: _____ Receipt No.: _____

Plot used SUB: _____ BLK: _____ LOT: _____

Plot(s) reserved No Yes Deed No.: _____

Plot(s) reserved SUB: _____ BLK: _____ LOT: _____

Comments: _____

The personal information being requested on this form will only be used to secure the purchase of cemetery plots and is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)*. If you have questions about the collection, use or disclosure of the personal information provided, contact the City of Wetaskiwin's Records Management / FOIP Coordinator at 780.361.4400 or in-person at 4705 50 Avenue, Wetaskiwin, Alberta, T9A 0R8.