



Emailed Shop:
Billed:
Entered in Book:
Entered in System:

TO BE FILLED OUT BY A LICENSED FUNERAL HOME

Temple Hill Cemetery Service Request Form

Name of Funeral Home: _____

Funeral Home Contact #: _____ Funeral Home Fax #: _____

Name of Deceased: _____ Age: _____

Date of Death: _____ Place of Death: _____

Location of Grave: Row _____ Block _____ Plot _____ Next to: _____

Date of Service: _____ Time of Service: _____

Place of Service: _____ Estimated Time of Arrival at Cemetery: _____

Graveliner: Concrete Box _____ Funeral Director: _____

Vault _____

Other _____

Special Instructions:

Burial Fees to be billed to: _____ Funeral Home
_____ Family

Family Address: _____

Cemetery Charges:

Plot(s): _____

Open/Close: _____

Total: _____

Date: _____

Cemetery Contact Person: _____

**PLEASE FILL IN THE BLUE PORTIONS AND COMPLETE THESE FORMS AND FAX
BACK TO US AT 403.752.4379.**



Family Signature and Approval Form

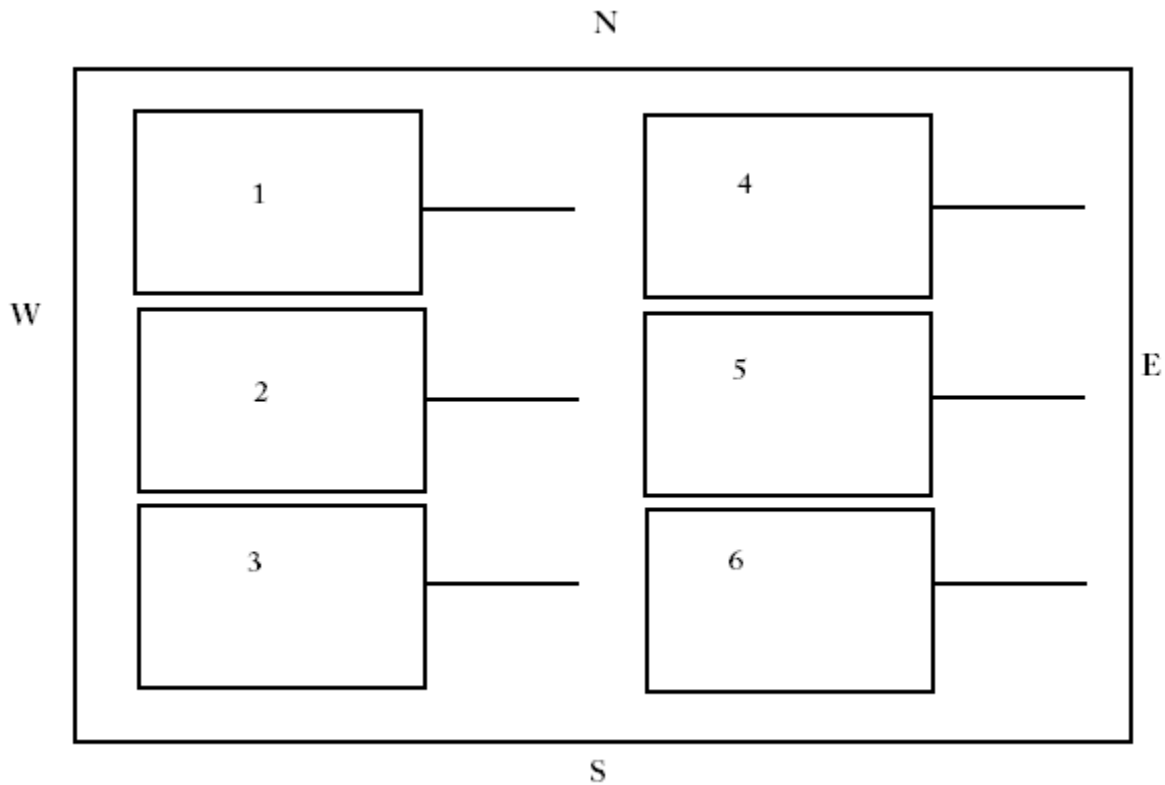
Temple Hill Cemetery

Name of Deceased: _____

Row: _____

Block: _____

Plot: _____



Please initial beside designated plot above and sign below.

FAMILY SIGNATURE OF APPROVAL: _____

Family Phone Number: _____

*******THE TOWN WILL NOT ACT (DIG THE PLOT) UPON ANY REQUEST
UNTIL THE FOLLOWING FORMS ARE RECEIVED:**

- 1) Alberta Government Burial Permit**
- 2) Temple Hill Cemetery Request Form**
- 3) Family Signature and Approval Form**