



502 2ND Avenue-Box 299
 Bassano, AB T0J 0B0
 www.bassano.ca

ORDER FOR INURNMENT

NAME OF DECEASED: _____

LAST ADDRESS: _____

DATE OF BIRTH: YEAR: _____ MONTH: _____ DAY: _____

DATE OF DEATH: YEAR: _____ MONTH: _____ DAY: _____

FUNERAL HOME: _____

SIZE OF URN: HEIGHT: _____ WIDTH: _____ Type of Urn _____

LOCATION: _____

DATE OF FUNERAL: YEAR: _____ MONTH: _____ DAY: _____ TIME: _____

CLERGY: _____

DENOMINATION: _____

PLOT/Niche	\$ _____
OPENING & CLOSING	\$ _____
SUB TOTAL	\$ _____
G.S.T.	\$ _____
TOTAL	\$ _____

NEXT OF KIN: NAME _____

ADDRESS: _____

RELATIONSHIP: _____

PURCHASHER: NAME: _____

ADDRESS: _____

TELEPHONE: _____

SIGNATURE _____

TOWN OF BASSANO
 AUTHORIZATION

This information is being collected for the purpose of establishing cemetery records pursuant to the provisions of the Municipal Government Act and its regulations, and pursuant to Section 32C of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and distribution of this information, you may contact the Town of Bassano FOIP Coordinator at (403)641-3788