

502 2<sup>ND</sup> 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: \_\_\_\_\_ Length: \_\_\_\_\_ Type  
of Urn: \_\_\_\_\_

LOCATION: Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Plot: \_\_\_\_\_

DATE OF FUNERAL: YEAR: \_\_\_\_\_ MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLERGY: \_\_\_\_\_

DENOMINATION: \_\_\_\_\_

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

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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