CEMETERY SERVICES
Plot Marking Request for Burial

Office Location: 2111 20 Street
Phone: 403-749-3606
Fax: 403-749-2800
Email: Village@Delburne.ca

*** Before filling in this form ensure you have reviewed the Delburne Cemetery Bylaw #1132/2017**
*** All burial requests must be accompanied with a Burial Permit.**
*** All work must be approved by the Village before work commences.**
*** For monuments please fill out the Monument Placement Request form.**

Request made by: _____

Email: _____ Phone: _____

Mailing address: _____

Plot owner and Name of deceased to be buried: _____

Other Names Associated with Plot: _____

Type of Burial:
Casket: ☐ Urn: ☐

If Urn Burial, please select location of Urn in plot:

Upper Left ☐ Lower Left ☐ Upper Right: ☐ Lower Right ☐

*** Please note if planning on placing a monument, Gravesites where a prominent marker exists, a second or third marker must be flat and at ground level.**

Expected Date of Burial: _____

*** I have read, understand, and agree to follow the rules and regulations of the Delburne Cemetery Bylaw 1132/2017.**

Signature: _____

Any personal information collected on this form will be kept under the Authority of the Cemetery Act and is only used for record keeping for the Village of Delburne.

FOR OFFICE USE ONLY

Location of Plot: _____

Date of marking: _____

Completed by: _____