



## Application for Interment Permit

[website: [www.golden.ca/cemetery](http://www.golden.ca/cemetery) e-mail: [cemetery@golden.ca](mailto:cemetery@golden.ca)]

### PERSON TO BE INTERRED (the "Interment Right Holder")

Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Maiden name / previous last name(s) (if applicable): \_\_\_\_\_

Residential Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Physician or Coroner: \_\_\_\_\_ Age at Death: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ FH Contact: \_\_\_\_\_

GRAVE PLOT: Section: \_\_\_\_\_ Lot: \_\_\_\_\_ Subdivision (If Appl): \_\_\_\_\_

Other info: \_\_\_\_\_

Date of Interment: \_\_\_\_\_ Interment time: \_\_\_\_\_ Type of Interment: \_\_\_\_\_

Memorial Service Details (if applicable): \_\_\_\_\_

### COMMUNICABLE DISEASE INFORMATION

Did a communicable disease, as defined in the *Health Act Communicable Diseases Regulation* under the *Public Health Act*, caused the death? Yes  No

### PURCHASER INFORMATION:

Name: \_\_\_\_\_

Relation to Deceased: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please refer to *Town of Golden Cemetery Bylaw 1495, 2024* available on the Town of Golden Website for further information.** This collection of personal information is authorized under Section 26(c) of the ***Freedom of Information and Protection of Privacy Act (FIPPA)***. This information will be used for processing this application. Questions can be directed to: Privacy Officer, Town of Golden, Box 350, 810 9<sup>th</sup> Ave N, Golden, BC V0A 1H0, 250-344-2271, [records@golden.ca](mailto:records@golden.ca)



**FEES:** \*See Town of Golden Bylaw 1495, 2024 for updated Fee Schedule effective November 5, 2024.

Interment/Disinterment	\$ _____	Other (List below)	\$ _____
Grave Liner	\$ _____	_____	
Engraving Deposit (Niche)	\$ _____	_____	
Marker Permit	\$ _____	_____	
Administration Fee	\$ _____	Sub-Total:	\$ _____
Additional Winter Fee	\$ _____	GST	\$ _____
After Hours Fee	\$ _____	TOTAL FEES:	\$ _____

*Internal use for invoicing purposes:*

Care Fund (25% of Plot fees, 100% of marker fees) \$ \_\_\_\_\_

Cap. Impr. Fund (75% of Plot fees) \$ \_\_\_\_\_

Invoice to FH

X \_\_\_\_\_  
 Signature of Purchaser or  
 Legal Representative of the Right Holder

X \_\_\_\_\_  
 TOWN OF GOLDEN, by its authorized signatory  
 Signature of Director of Public Works or Designate

\_\_\_\_\_  
 Printed Name of Signatory

\_\_\_\_\_  
 Printed Name of Signatory

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

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## Next of Kin Information of Interment Right Holder

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*\*This information is very important for future burials in the same Plot*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

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