



Town of Whitewood Interment Request Form



Deceased

Date of Request: _____

Surname: _____

Given Name(s): _____

Funeral Home: _____

Date of Death: _____

Type of Burial: _____

Date of Funeral: _____

Time of Funeral: _____

Location of Burial: (Cemetery, Plot and Grave Information or Columbarium Niche Information)

SPECIAL INSTRUCTIONS:

Applicant Name (print name): _____

Applicant Signature: _____

Applicant Contact # and Mailing Address Information: _____

Email completed form to: general@townofwhitewood.ca or Fax to: 306-735-2262