



RETURN THIS FORM TO:
Service Alberta
Consumer Services Division
3C Floor, 10155 102 Street
EDMONTON AB T5J 4L4

Application for Approval of Mausoleum

PLEASE PRINT OR TYPE

1.	Name of Owner <i>(Religious Organization, Municipality)</i>	Corporate Access Number <i>(if applicable)</i>		
2.	Name of Cemetery Where Mausoleum is Situated			
3.	Name of Mausoleum			
4.	Street Address <u>or</u> Legal Land Description	City / Town	Province	Postal Code
5.	Mailing Address <i>(include box number if applicable)</i>			
6.	Telephone Number of Owner <i>(include area code)</i>	Facsimile Number of Owner <i>(include area code)</i>		

APPLICANT INFORMATION

7.	Name of Applicant <i>(last, first, initial)</i>	Telephone Number <i>(include area code)</i>			
8.	Address	Street	City / Town	Province	Postal Code
9.	State Affiliation with the Owner				

I, _____ make application for approval of a mausoleum in
Please PRINT
accordance with the provisions of section 20 of the Cemeteries Act General Regulation.

Signature
(must be a person authorized to sign on behalf of the mausoleum)

Date

This information is being collected for the purposes of applying for approval of a mausoleum in accordance with the Cemeteries Act and Regulations. Questions about the collection of this information can be directed to the Alberta Government, Director of Cemeteries, 3rd Floor, Commerce Place, 10155 - 102 Street, Edmonton, Alberta T5J 4L4, 427-5210 (outside of Edmonton call 310-0000 to be connected toll free).