

HILLSIDE CEMETERY
Phone: 403.529.8387
Email: cemetery@medicinehat.ca

PERMISSION FORM



DATE: _____

LOCATION: SECTION: _____ BLOCK: _____ PLOT/LOT: _____ DIRECTION/LEVEL: _____

The undersigned hereby declares that they are the legal interment rights holder(s) for this location and there are no other legal rights holders, family, interested parties or otherwise.

NAME	RELATIONSHIP	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CITY OF MEDICINE HAT AUTHORIZATION: _____ DATE: _____

Pursuant to s. 33 (c) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an operating program or activity of the City of Medicine Hat. The City of Medicine Hat must collect personal information directly from the individual that the information is about unless another method of collection is authorized by the individual or by an enactment of Alberta or Canada. The personal information provided will be protected under Part 2 of the Freedom of Information and the Protection of Privacy Act and will be used for processing your application.

Questions regarding the collection and use of personal information can be directed to the FOIPP Head of Local Body at 403 529 8234.