

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

CEMETERY SERVICES APPROVAL



Fill out and email to Hillside Cemetery 48 hours prior to service at cemetery@medicinehat.ca Approval of arrangements must be signed off by authorized cemetery staff **prior** to completing arrangements with the family. Reply from cemetery staff will be within 4 hours of receipt, during operating hours (Monday – Friday, 8am – 4pm).

FUNERAL HOME: _____ EMAIL: _____

FUNERAL DIRECTOR: _____ FUNERAL DIRECTOR #: _____

NAME OF PERSON TO BE INTERRED: _____

PRE-NEED RESERVATION: YES NO GRAVE LOCATION: _____

CASKET CREMAINS SCATTERING GARDEN

SINGLE DEPTH DOUBLE DEPTH URN SIZE _____ FAMILY VESSEL

GRAVELINER TYPE _____ URN VAULT: YES NO REMAINS

INTERMENT REQUEST DATE: _____ TIME OF CEMETERY ARRIVAL: _____

REMARKS: _____

HILLSIDE CEMETERY USE ONLY

DATED RECEIVED: _____ TIME RECEIVED: _____

APPROVED: DENIED: ALTERNATE DATE (IF DENIED) : _____

HILLSIDE CEMETERY APPROVAL

DATE AND TIME RETURNED

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.