

# Town of Ponoka

## Burial Order

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Age \_\_\_\_\_

Date of Burial \_\_\_\_\_

Time \_\_\_\_\_

**Name of Deceased** \_\_\_\_\_

**Location** *Plot* \_\_\_\_\_ *Lot* \_\_\_\_\_ *Block* \_\_\_\_\_

**Funeral Director** \_\_\_\_\_

**Address** \_\_\_\_\_

**Service From** \_\_\_\_\_

**Memo** \_\_\_\_\_

**Mailing Address  
for additional Deeds** \_\_\_\_\_

**Bill to:** \_\_\_\_\_

**Signature** \_\_\_\_\_

Copy to Billing Department   
Fax to (403)783-0115

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### Office Use Only

**Burial Number** \_\_\_\_\_ **Cemetery Number** \_\_\_\_\_

Billed  Map  Computer  Book  Cemetery Supervisor  Deed