



Clear Hills County
Box 240, Worsley, AB, T0H 3W0
Phone: (780) 685-3925 Fax: (780) 685-3960
E-mail: info@clearhillscounty.ab.ca

CEMETERY GRANT REGISTRATION FORM

CEMETERY INFORMATION

Cemetery Name: _____ Location: _____

Operating Organization (if different than Cemetery Name): _____

Contact Person: _____

Mailing Address: _____

Phone No: (day) _____ (evening) _____ (fax) _____

Email: _____

Indicate whether cemetery is PUBLIC or PRIVATE

FINANCIAL INFORMATION

Attach Financial Statement from previous years, if available.

PLOT PLAN

Optional: Attach current plot plan

DECLARATION

I declare that:

- I am a duly authorized representative having legal and/or financial signing authority for the above cemetery.
- The information contained in the registration and supporting documents is true and accurate and endorsed by the above organization.
- The funds provided by Clear Hills County for the above cemetery will be used for that cemetery.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

CHECKLIST (Ensure all items listed below are enclosed with registration)

- | | |
|-------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Contact Information | <input type="checkbox"/> Signed Declaration |
| <input type="checkbox"/> Financial Statement (attach) | <input type="checkbox"/> Plot Plan (optional) |
| <input type="checkbox"/> Site verification (attach) | |