



City of Brooks

ORDER FOR INTERMENT

201 – 1st Avenue West
Box 879
Brooks AB T1R 1B7
Bus: 362-3333 • Fax: 362-4787
website: www.brooks.ca

DECEASED'S NAME: SURNAME: _____ GIVEN: _____ INITIAL: _____

LAST ADDRESS: _____

DATE OF BIRTH: YEAR: _____ MONTH: _____ DAY: _____

PLACE OF BIRTH: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

CLERGY: _____ DENOMINATION: _____

TIME AND DATE: _____

PLACE: _____

LOCATION: BLOCK: _____ PLOT: _____

SIZE OF SHELL: _____

PURCHASER: NAME IN FULL: _____

ADDRESS: _____

RELATIONSHIP: _____

NEXT OF KIN: NAME IN FULL: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

ISSUE DEED TO: NAME IN FULL: _____

ADDRESS: _____

FUNERAL HOME: NAME IN FULL: _____

ADDRESS: _____

ORDER FOR INTERMENT

RECEIVED BY: _____ DATE/TIME: _____

CHARGES: OPENING AND
CLOSING: _____
G.S.T.: _____

CHARGE TO OR PAID BY: _____

AUTHORIZED BY: _____

PRINTED: _____

DATED: _____

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