

Lethbridge Cemetery Office

Office Address: Mountain View Cemetery, 11th Street & Scenic Drive South Date: _____

Mail Address: 910 - 4th Avenue South, Lethbridge, AB T1J 0P6

Phone Number: 403.320.3008

Fax Number: 403.329.1776

Contract# _____

Note:

- a) In the event of Joint Ownership, BOTH signatures are required, (or in the event the Owner is deceased, a copy of the Will stating authorization will be required; and
- b) When applying for Transfer, Exchange, or Return to City, the Original Title to the plot(s) MUST accompany this form; and
- c) When applying for Transfer or Exchange the Service Fee of \$175.00 per plot plus GST MUST accompany this form
- d) In making this transfer, I agree to indemnify the City from any and all claims, including negligence, with regards to my transferring the below-described burial rights.

RE: Burial Rights in _____ Cemetery			
Block #	Lot #	Grave(s) #	Location
Original Titleholder (or Personal Representative(s)/ Executor/Executrix of the Estate/Beneficiary) Name: _____ Address: _____ _____ City or Town/Province or State/Postal Code/Phone # By signing the within Application for Change of Burial Rights, I acknowledge and confirm that I have all rights and power to transfer and assign such burial rights. Signature: _____		Joint Original Titleholder (or Personal Representative(s)/ Executor/Executrix of the Estate/Beneficiary) Name: _____ Address: _____ _____ City or Town/Province or State/Postal Code/Phone # By signing the within Application for Change of Burial Rights, I acknowledge and confirm that I have all rights and power to transfer and assign such burial rights. Signature: _____	
I/WE WISH TO: (please indicate one of the following)			
<input type="checkbox"/> RETURN Burial Rights to the City of Lethbridge for resale <i>(according to the City Cemetery By-Law)</i>			
90% of Original Purchase Price		OR 35% of Current Selling Price	
<input type="checkbox"/> TRANSFER Burial Rights to: <div style="text-align: center;">Name(s) _____</div> <div style="display: flex; justify-content: space-between;"> Address _____ City Province/State _____ Postal Code _____ Phone # _____ </div>			
<input type="checkbox"/> EXCHANGE Burial Rights for: <i>Block #</i> _____ <i>Lot #</i> _____ <i>Grave(s) #</i> _____ <i>Location</i> _____			
THIS IS YOUR RECEIPT			
Transfer/Exchange Fee: \$175.00 per plot, x _____ plots plus GST \$ _____			
Date Payment Received _____			City Representative _____

For Office Use Only	Date check of Records & Monument before Approval:			
Map	Book	Card	Chq. Req.	Chq.#
Letter	Computer Entry			

