



# CEMETERY - FAMILY AUTHORIZATION FOR INTERMENT

Revenue Services | [cemetery.info@nanaimo.ca](mailto:cemetery.info@nanaimo.ca)

This indenture, made on \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

I/we, as duly authorized in accordance with the *Cremation Interment and Funeral Services Act*, Part 3, Section 5, in relation to the original occupant of this grave, hereby give the City of Nanaimo permission to inter the Remains or Cremated Remains of:

Name(s) of Deceased:
In the grave of:
Cemetery: <input type="checkbox"/> Bowen Cemetery <input type="checkbox"/> Chinese/Townsite Cemetery Range: _____ Plot: _____

## AUTHORIZATION

The undersigned represent to the City of Nanaimo that they have notified the immediate next-of-kin of the original person(s) interred in the above lot and that the immediate next-of-kin agree to the aforesaid. The undersigned further agree to indemnify and save harmless the City of Nanaimo, its officers and employees, from liability, costs, expenses or claims resulting from this authorization.

_____	_____	_____
Printed Name	Signature	Relationship to Deceased
_____	_____	_____
Printed Name	Signature	Relationship to Deceased
_____	_____	_____
Printed Name	Signature	Relationship to Deceased
_____	_____	_____
Printed Name	Signature	Relationship to Deceased
_____	_____	_____
Printed Name	Signature	Relationship to Deceased
_____	_____	_____
Printed Name	Signature	Relationship to Deceased

RECEIVED STAMP

Personal information you provide on this form is collected pursuant to Section 26 of the Freedom of Information and Protection of Privacy Act and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the Freedom of Information and Protection of Privacy Act. Questions about the collection of your personal information may be referred to the Records/Information & Privacy Coordinator by email: [foi@nanaimo.ca](mailto:foi@nanaimo.ca) or phone: 250-755-4405.