

COURIER: 321-3600 Uptown Blvd. Victoria, BC V8Z 0B9

MAIL: PO Box 9244 Victoria, B.C. V8W 9J2

FAX: (250) 920-7181 P: (604) 320-1664 TF: 1 888.564.9963

www.consumerprotectionbc.ca

CEMETERY & FUNERAL SERVICES

Special Event Request Form

Pursuant to section 26(2) of the *Cremation, Interment and Funeral Services Act*, a director may approve a place of interment being used for a purpose that is not associated with, or incidental to, the care and disposition of human remains or cremated remains and set conditions on that approval that must be met by the operator. **This request form must be completed by the licensee**.

BUSINESS INFORMATION	
Licensee Name:	Licence #:
Doing Business As:	
	DETAILS OF EVENT
Name of Event:	
Event Date:	Event Start & End Time:
Purpose of Event:	
Is the event open to publi	? _ Yes _ No Expected # of attendees:
Is this a one-time event or	is it held annually? □ One-time Event □ Annually
Is the event held by the lie	ensee? Yes No
If No, please provide nan	e of event contact person & phone number
Additional Event Description including schedule, description of activities. Any additional information that would assist in deciding approval. Include explanation of how to ensure access are provided to person(s) attending the cemetery for visitation of the departed.	
SUPPORTING DOCUMENTS	
Please include any additional information that would assist in deciding approval. ☐ A map that shows the area / route of the proposed event	
I certify that the information	contained in this request form including the attached documentation is complete and correct.
Name:	Title:
Signature:	Email:
Date:	