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PLACE OF INTERMENT

Indigenous or Private Family Place of Interment Application

TO BE COMPLETED BY APPLICANT ONLY

The personal information requested in this form are collected and retained under the authority of Section 26 (c) of the BC *Freedom of Information and Protection of Privacy Act* and Section 55 of the *Cremation, Interment and Funeral Services Act*. This information will be used to determine eligibility for licensing in the Province of British Columbia.

OWNER INFORMATION	
1.	Place of interment name (First Nation or Family):
0	(Exact name in CAPITAL LETTERS)
2.	Place of interment address: (Street Address, City & Province Postal Code, or Latitude and Longitude markers)
3.	Mailing address:
	(Suite #, Street Address, City & Province Postal Code)
4.	Owner type: First Nation Family
5.	Contact Name:
6.	Contact Telephone: () Email:
CEMETERY INFORMATION	
1.	Application is for a (check all that apply): Cemetery (burial of human\cremated remains)
2.	Included in the application is a map that shows:
	i. the area to be used for interments
	ii. the total area of the land in the place of interment
	APPLICANT DECLARATION
I confirm that the information supplied is complete and true to the best of my knowledge. I also confirm that:	
	i. This place of interment is not a commercial operation. There will be no sale of interment rights.
	ii. This place of interment will be for the sole use of the family\First Nation.
	 Interments will be marked or otherwise recorded in accordance with family\Indigenous traditions and practices.
Sig	gnature Print Name
Dat	te Title
Son	nd completed application form by mail or email.
Em	
Mai	il Courier
	nsumer Protection BC Consumer Protection BC Box 9244 321-3600 Uptown Blvd.
	toria, BC V8W 9J2 Victoria, BC V8Z 0B9

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED

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