



File: _____

The application must be fully completed and submitted **Seventy-two (72)** hours prior to the requested date of interment. It must be accompanied by an original copy of the Death Certificate and an original burial permit. If coming from out of Town, copies of both can be submitted. The Original Registration of the Death Certificate can be obtained at:

Contact the Government of Northwest Territories, Department of Health and Social Services - Vital Statistics at Toll-free: 1-800-661-0830 or Phone: 1-867-777-7400 or Email: hsa@gov.nt.ca or visit the [GNWT website](#) for more information about death certificates.

Type of Burial: Traditional <input type="checkbox"/>		Cremated <input type="checkbox"/>	
Applicant Name: _____		Application Date: _____	
Address: _____		Contact Number: _____	
Deceased Name: _____			
Requested Date of interment: _____		Time: _____	
Burial Location if Known: Phase _____ Section _____ Closest Plot # _____			
Request Family Closing of Grave		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you Require a Free Cross From the Town		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Authorizing Signature _____			
		Signed	
		_____ Print	
<u>For Office Use Only</u>			
Original Burial Certificate Attached		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of Registration of Death Certificate Attached		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Burial Plot Number# _____		Authorized _____	