



*Cemetery Support
Annual Reporting Form*

Reporting Year: _____

Cemetery Information:

Cemetery Name _____
Cemetery Organization Name _____
Mailing Address _____
Contact Person Name _____
Contact Person Phone No. _____

Financial Information:

Operating & Maintenance Costs _____
Revenue (If Applicable) _____
Surplus or Deficit _____

Burial Information:

Lacombe County Resident Burials _____
Town/Village Resident Burials
(If Applicable) _____
Other Resident Burials _____
Total Number of Burials _____

Signature of Cemetery Organization Representative: _____

Date: _____