

The Cemeteries Act

Application for Cemetery, Mausoleum, Columbarium or Crematory Licence

A. Type of Licence

| Qty. | Select all that apply: | Fee |
|------|---------------------------------------|-----------|
| | Initial cemetery or mausoleum license | \$ 550.00 |
| | Renewal of cemetery license | 275.00 |
| | Renewal of mausoleum license | 275.00 |
| | Crematory license | 110.00 |
| | Columbarium license | 27.50 |

Indicate total amount owing \$

B. Applicant Information

| | | | |
|--------------------|------------|----------------|--|
| Name of applicant: | | Name of owner: | |
| *Business name: | | | |
| Operating as : | | | |
| Physical address: | | | |
| Mailing address: | | | |
| City : | Province : | Postal Code: | |
| Telephone number: | | Cell number: | |
| Fax number: | | Email address: | |

**Please include a list of names for each columbarium and mausoleum to be licensed.*

C. Applicant's Declaration (circle applicable response)

| | |
|--|----------|
| 1. Has the cemetery, columbarium, crematorium or mausoleum had any variation to the contract form; or the application with the Trustee; or the municipality; or the acreage; or any fee without the approval of the Board, since the last renewal? | YES / NO |
| 2. Has the crematorium had any variation to the crematory or method of operation; or facilities; or equipment since the last renewal? | YES / NO |
| 3. I have complied with all requirements pursuant to <i>The Cemeteries Act</i> , regulation and amendments during the last fiscal year April 1, 2019 to March 31, 2020. | YES / NO |
| 4. Is the Corporation in good standing with The Companies Office of Manitoba? | YES / NO |
| 5. I have attached a completed <i>Application for owner or agent of an owner licence</i> form. | YES / NO |

I MAKE THIS DECLARATION conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of "The Canada Evidence Act".

DECLARED before me at the _____ of _____ in the Province of Manitoba, on

this _____ day of _____, 2020.

(Signature of applicant)

(Commissioner for Oaths or Notary Public)

(Expiry date)

D. Instructions

- Please complete the application in full and return to the Funeral Board of Manitoba along with payment of the prescribed fee(s).
- Payment can be made via cheque payable to the Funeral Board of Manitoba to 254 Portage Avenue, Winnipeg MB R3C 0B6, or by completing the section below.
- Protect your credit card information - Do not submit by email.

MasterCard

Visa

Credit Card Number: _____ / _____ / _____ / _____

Expiration Date: _____ / _____

Name on Card: _____

Signature: _____ Date: _____

Note:

- If you require the services of a Commissioner for Oaths, please contact John Delaney at 204-391-7960 between 8:30am and 4:30pm to make an appointment. There is no charge for this service.
- The Funeral Board of Manitoba must be notified of all changes made to any of the information provided in this application.
- In addition to cemeteries and crematoriums, names of licensed mausoleums and columbaria may be published on the Funeral Board of Manitoba website.