

THE CITY OF WINNIPEG
 PLANNING, PROPERTY AND DEVELOPMENT DEPARTMENT, CEMETERIES DIVISION
 ADMINISTRATION OFFICE - 3001 NOTRE DAME AVENUE

R3H 1B8

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WEB: www.winnipeg.ca/ppd/cemeteries.stm

APPLICATION

BROOKSIDE CEMETERY

ST. VITAL CEMETERY

TRANSCONA CEMETERY

Monument Dealer to Erect Monument
 (areas with continuous beams)

Monument Dealer to Install Flat Marker on the Beam
 Cemetery to Install Flat Marker Only

Cemetery to Install Concrete Foundation
 for Erection of Memorial

Cemetery to Install Flat Marker w/attached Vase
 Cemetery To Install Flat Marker and Vase together

Cemetery to Erect Military Monument

Cemetery to Install Vase Only

In accordance with design and specifications submitted hereunder, I do agree to adhere to all rules and regulations as set forth in the By-Laws governing the operation of City owned and operated Cemeteries.

Purchaser _____ Phone No. _____

Address _____

Executor/Administrator of Estate _____ Phone No. _____

Address _____

Monument Dealer

or Contractor _____ Phone No. _____

Address _____

The following information must be supplied for all memorials.

A. Name of Deceased _____

B. Date of Death _____

C. Section No. _____ Lot No(s). _____

D. Type of Memorial: Monument _____ Base: _____ Marker: _____

E. Dimensions of Monument (inches) Length _____ Thickness _____ Height _____

F. Dimensions of Base (inches) Length _____ Width _____ Height _____

G. Dimensions of Flat Marker (inches) Length _____ Width _____ Thickness _____

H. Request for Placement of Memorial _____

FOR OFFICE USE ONLY

Invoice No. _____ Receipt No. _____ Permit No. _____

Cost _____ Code No. _____ Foundation Size _____

Date Received _____ Date Payment Received _____

Date Monument/Marker/Vase Received _____ List No. _____

Date Completed _____ NAME OF MEMORIAL _____