

# APPLICATION FOR MEMORIALIZATION



Planning, Property, & Development / Cemeteries Branch

T. | Tél. : 204-986-4348

F. | Fax : 204-986-4298

E.: [cemeteries@winnipeg.ca](mailto:cemeteries@winnipeg.ca)

[winnipeg.ca/cemeteries](http://winnipeg.ca/cemeteries)

PART I – Part I, II, III and IV information must be completed by the applicant.

☐ **BROOKSIDE**

☐ **ST VITAL CEMETERY**

☐ **TRANSCONA CEMETERY**

☐ **Memorial placed on sections with continuous beams**  
(PERMIT ONLY REQUIRED)

☐ **Upright memorial re-lettering and/or re-furbish - ☐ on site ☐ off site**  
(PERMIT ONLY REQUIRED)

☐ **Flat marker re-lettering and/or re-furbish on site**  
(PERMIT ONLY REQUIRED)

☐ **Adding vase and/or sub/base to existing monument**  
(PERMIT ONLY REQUIRED)

☐ **Install individual foundation for memorial installation**  
(PERMIT ONLY REQUIRED)

☐ **Install flat marker only**

☐ **Install flat marker w/ attached vase**

☐ **Install flat marker and vase at the same time**

☐ **Install vase only**

☐ **Flat marker exchange or removal for additional engraving** (FLAT MARKER EXCHANGE OR REMOVAL FEE)

☐ **Military monument install**

Memorial Dealer is permitted to install/remove memorials on foundation(s) only. Complete A, B & C for UPRIGHT MONUMENT. Complete D & E for FLAT MARKER. Complete E only if bronze plaque is being placed on the granite flat marker.

A. Dimensions of Monument (inches)

Width: \_\_\_\_\_  
(SIDE TO SIDE)

Depth: \_\_\_\_\_  
(FRONT TO BACK)

Height: \_\_\_\_\_  
(TOP TO BOTTOM)

B. Dimensions of base (inches)

Width: \_\_\_\_\_  
(SIDE TO SIDE)

Depth: \_\_\_\_\_  
(FRONT TO BACK)

Height: \_\_\_\_\_  
(TOP TO BOTTOM)

C. Dimensions of Sub-base (inches)  
(CANNOT EXCEED MAXIMUM HEIGHT)

Width: \_\_\_\_\_  
(SIDE TO SIDE)

Depth: \_\_\_\_\_  
(FRONT TO BACK)

Height: \_\_\_\_\_  
(TOP TO BOTTOM)

D. Dimensions of Flat Marker (inches)

Width: \_\_\_\_\_  
(SIDE TO SIDE)

Depth: \_\_\_\_\_  
(SURFACE TO UNDERSIDE)

Height: \_\_\_\_\_  
(FACE TOP TO BOTTOM)

E. Dimensions of Bronze plaque (inches)  
(CANNOT EXCEED MAXIMUM HEIGHT)

Width: \_\_\_\_\_  
(SIDE TO SIDE)

Height: \_\_\_\_\_  
(FACE TOP TO BOTTOM)

## PART II

A. Name of Memorial Dealer: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

B. Purchaser/Authorizer \*\*\* (Must Be Owner Of Site Or Executor/Admin. Of An Estate/POA To Original Owner – circle one):

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Legal Documents (Will/Notarized Letter/POA/Admin. Of Estate) Attached ☐ YES ☐ NO

Photo ID Viewed: ☐

C. I HEREBY AUTHORIZE PLACEMENT OF THE MEMORIAL AS PER PART III

Signature(s): \_\_\_\_\_

## PART III

Name of Deceased: \_\_\_\_\_

Date of Burial: \_\_\_\_\_

Section No.: \_\_\_\_\_

Lot/Plot No.: \_\_\_\_\_

## PART IV

☐ **INVOICE MEMORIAL DEALER MUST BE APPROVED ACCOUNT**

☐ **PAYING CEMETERY DIRECTLY**

## PART V – FOR OFFICE USE ONLY

Application Received: _____	Cost: _____	Receipt No.: _____
Day Diary For Removal: _____	Code in Section B.: _____	Found. Size: _____
Marker/Vase/Monument Received: _____	LIST NO.: _____	
NAME ON MEMORIAL: _____		

\*\*\* DISCLAIMER: should the purchaser of the memorial be different from the owner/admin./executor/POA of the site, a letter of consent from the owner/admin./executor/POA must be obtained and attached to the application permit. Where joint ownership is involved, the signatures of all joint owners MUST be secured on this application form. A waiver form may be used in some cases. Please contact the Office for more information.