APPLICATION FOR MEMORIALIZATION
Planning, Property, & Development / Cemeteries Branch
T. | Tél. : 204-986-4348        F. | Fax : 204-986-4298
E.: cemeteries@winnipeg.ca      winnipeg.ca/cemeteries

PART I – Part I, II, III and IV information must be completed by the applicant.
□ BROOKSIDE CEMETERY   □ ST. VITAL CEMETERY   □ TRANSCONA CEMETERY

□ Memorial placed on sections with continuous beams  (PERMIT ONLY REQUIRED)
□ Memorial re-lettering and/or re-furbish - □ on site □ off 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)
□ 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.

PART II

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 III

Name of Deceased: ________________________________________  Date of Burial: ____________________________
Section No.: ____________________________________________  Lot/Plot No.: ____________________________

PART IV – Please check box for payment options
□ INVOICE MEMORIAL DEALER MUST BE APPROVED ACCOUNT HOLDER  □ PAYING CEMETERY DIRECTLY

PART V – FOR OFFICE USE ONLY
Application Received: ____________________________  Cost: ____________________________  Receipt No.: ____________________________
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.