

APPLICATION FOR MEMORIALIZATION

Planning, Property, & Development /Cemeteries Branch

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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.