

Memorial Erecting/Removal/ Engraving Permit

Date of Application: _____ Requested Date of Work: _____ Permit #: _____

Plot or Niche Owner Information			
Plot Owner Name		Plot	
Address		Block & Section	
City, Postal Code		Easement/Deed #	
Phone Number		Relationship to Deceased	
Email		Signature & Date	
Memorial Company Completing Work			
Company Name		Contact Name	
Address		Phone Number	
Insurance Company		Email	
Policy #		WCB Account #	
Have you confirmed the plot owner's identification and permission?			Yes No

This personal information is being collected under the authority of the Section 33(c) of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions act. This information will be used to administer cemetery services. If you have questions about the collection of this personal information please contact the Town. The person noted above has been granted the permission to erect the following monument under the terms and conditions of the Cemetery Bylaw currently in effect, and as per the design and specification submitted herewith:

Name of Deceased:	*Please note that approved permits for monument installation can only take place between May 15 th -October 15 th
Date of Birth:	
Date of Death:	
Date of Work Taking Place:	

Complete for All Memorial Types		
Memorial Type:	Permit Type:	Service Type:
Complete for All New Installations (base not required on Memorial Tablets)		
Full Face Dimensions (inches):	Base Length (in):	Foundation Length (in):
Full Face Area (sq in):	Base Width (in):	Foundation Width (in):
Full Face Area (sq ft):	Base Thickness (in):	Foundation Thickness (in):

Invoice Information			
Company Name:		emailed	mailed
Mailing Address:			
Name/Position:			
Email:		Phone Number:	

Office Use Only			
PERMIT APPROVED BY		1-570-0000-4230	Locate (if required):
Catherine Charchun Cemetery Coordinator	Date:	1-570-0000-4220	Permit Fee:
Signature:			Subtotal:
			5% GST:
			TOTAL:

PRIOR ARRANGEMENTS MUST BE MADE FOR CEMETERY ACCESS TO INSTALL ONCE PERMIT APPROVED
5 BUSINESS DAYS NOTICE REQUIRED -email completed form to cemetery@canmore.ca CALL 403-678-1599