

Applicant information

Name of monument company/individual: _____
Address: _____
Email: _____ Phone number: _____
Name of purchaser: _____
Name of deceased: _____

Monument information

New monument Existing monument (work only)
Date to be installed: _____ **To be removed for work?** Yes No
 Replacement Relocation

Location of monument

Wetaskiwin Cemetery (old) Wetaskiwin Memorial Cemetery (new)
SUB: _____ BLK: _____ LOT: _____

Monument details

Granite Bronze Concrete
 Upright Pillow Other: _____

Inscription: _____

NOTE: Advertising on monuments is strictly prohibited.

Indicate monument size below (must adhere to cemetery bylaws)

Base Length (in.): _____ Width (in.): _____ Height (in.): _____
Pillow Length (in.): _____ Width (in.): _____ Height (in.): _____ Sloping (in.): _____
Vase Length (in.): _____ Width (in.): _____ Height (in.): _____

This application is submitted for the approval and installation of a monument according to the information given above and conditions attached hereto.

Signature of applicant: _____ Date: _____

Concrete monument approval

Concrete monuments must be approved by Public Works before the permit will be granted.

Employee signature: _____ Date: _____

The personal information being requested on this form will only be used to identify the purchaser of a monument permit and is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)*. If you have questions about the collection, use or disclosure of the personal information provided, contact the City of Wetaskiwin's Records Management / FOIP Coordinator at 780.361.4400 or in-person at 4705 50 Avenue, Wetaskiwin, Alberta, T9A 0R8.