

**SECTION 1: APPLICANT INFORMATION**

Name:	Relationship to the Deceased:
Mailing Address:	
Email:	Phone Number:

**SECTION 2: DECEASED INFORMATION**

Deceased Name:	Date of Interment:
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**SECTION 3: PLOT INFORMATION** \*Plot information is not required for a Memorial Wall Inscription\*

<b>Type of Plot:</b> <input type="checkbox"/> Standard Plot <input type="checkbox"/> Single Columbarium Niche <input type="checkbox"/> Flat Marker Standard <input type="checkbox"/> Double Columbarium Niche <input type="checkbox"/> Single Cremation <input type="checkbox"/> Family Cremation	<b>Cemetery:</b> <input type="checkbox"/> Lakeview Cemetery <input type="checkbox"/> Grand Centre Memorial Park Cemetery
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Interment Rights Holder on Plot:	Plot/Niche:
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**SECTION 4: MEMORIAL SPECIFICATIONS AND PLANS**

*\*Memorial Specifications are provided in the Memorial Regulations (Schedule "B" of Policy No. 207-AD-19) Indicate whether memorial is either a:*

New memorial (**MUST Complete Sections 4 and 5**)

Inscription of date of death on already placed memorial (**DO NOT Complete Sections 4 or 5**)

Date of Death:

<b>Type of Memorial:</b> <input type="checkbox"/> Flat Marker <input type="checkbox"/> Upright Monument <input type="checkbox"/> Columbarium Niche Plate <input type="checkbox"/> Memorial Wall Inscription	<b>Design &amp; Materials:</b> *not required for the Memorial Wall Inscription or Columbarium Niche Plate	<b>Inscription:</b>
<b>Size of Memorial:</b> *not required for the Memorial Wall Inscription or Columbarium Niche Plate		

**SECTION 5: INSTALLATION INFORMATION**

Memorial Supplier or Agent who will install memorial:	
Phone Number:	Email Address:

**SECTION 6: STATEMENT OF APPLICANT**

I confirm that I have read Section 9 of the City of Cold Lake Bylaw No. 677-AD-20, Cemetery Management Bylaw and Schedule "B" of the City of Cold Lake Policy No. 207-AD-19, Cemetery Management Policy which provides the Memorial Regulations. I certify that the information I have provided on this application is true to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the completed application by email to [cemeteries@coldlake.com](mailto:cemeteries@coldlake.com), by mail, or in person at the address below, **Attention: Legislative Services Department.**

- Completed Application Form
- Submitted Rendering for Approval
- Payment

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

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OFFICE USE ONLY		
<b>Fees for installation:</b> <input type="checkbox"/> Flat Marker Permit \$80.00 <input type="checkbox"/> Upright Monument Permit \$80.00 <input type="checkbox"/> Columbarium Niche Plate Permit \$80.00 <input type="checkbox"/> Communal Memorial Wall Inscription \$620.00 <input type="checkbox"/> There is no fee for a date of death inscription on monuments that are already installed.	<b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Permit Fee: \$ _____ GST: \$ _____ Total Cost: \$ _____	<b>Submission Checklist:</b> <input type="checkbox"/> Application Form Complete <input type="checkbox"/> Rendering Submitted <input type="checkbox"/> Payment Received Receipt #: _____

MEMORIAL PERMIT AUTHORIZATION
The City of Cold Lake, as the owner of the cemetery, authorizes installation of the above described memorial onto plot/niche _____ in the _____ Cemetery in Cold Lake, Alberta.  Legislative Services Manager Signature: _____ Date: _____

MEMORIAL WALL INSCRIPTION AUTHORIZATION
The City of Cold Lake, as the owner of the cemetery, authorizes installation of the above described memorial wall inscription in the _____ Cemetery in Cold Lake, Alberta.  Legislative Services Manager Signature: _____ Date: _____

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