

## 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>Plot Location:</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 Number:
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## SECTION 4: MEMORIAL SPECIFICATIONS AND PLANS

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

New memorial (**complete section 4 and 5**)  
 Inscription of date of death on already placed memorial (**do not complete section 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 City of Cold Lake Bylaw No. 677-AD-20, Cemetery Management Bylaw and Schedule "C" of 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 [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

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email ([legislative@coldlake.com](mailto:legislative@coldlake.com)) or phone (780) 594-4494 ext. 7915.

**OFFICE USE ONLY**

<p>Fees for installation:</p> <p><input type="checkbox"/> Flat Market Permit \$75</p> <p><input type="checkbox"/> Upright Monument Permit \$75</p> <p><input type="checkbox"/> Columbarium Niche Plate Permit \$75</p> <p><input type="checkbox"/> Communal Memorial Wall Inscription \$600</p> <p><input type="checkbox"/> There is no fee for a date of death inscription on monuments that are already installed.</p>	<p>Payment Type:</p> <p><input type="checkbox"/> Cash    <input type="checkbox"/> Cheque    <input type="checkbox"/> Debit    <input type="checkbox"/> Credit</p> <p>Permit Fee: _____</p> <p>GST: _____</p> <p>Total Cost: _____</p>	<p>Submission Completion Checklist:</p> <p><input type="checkbox"/> Application Form complete</p> <p><input type="checkbox"/> Rendering Submitted</p> <p><input type="checkbox"/> Payment received</p> <p>Receipt #: _____</p>
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**MEMORIAL PERMIT AUTHORIZATION**

The City of Cold Lake, as the owner of the cemetery, authorizes installation of the above described memorial onto Plot/Niche Number \_\_\_\_\_ in the \_\_\_\_\_ cemetery in Cold Lake, Alberta.

Date: \_\_\_\_\_

Legislative Services Manager Signature: \_\_\_\_\_

**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.

Date: \_\_\_\_\_

Legislative Services Manager Signature: \_\_\_\_\_