

MONUMENT APPLICATION FORM

Woodlawn Cemetery 1502 - 2nd Avenue North Saskatoon SK S7K 2G1

Ph: (306) 975-3308 Fax: (306) 975-3027

cemetery@saskatoon.ca saskatoon.ca/woodlawn

APPLICANT	I hereby author in the Woodla	orize the work her	ein identified. ce is the sole a	I acknowledge authority for mo	and understand	that the c	owner of the	e grave(s) a	as recorded า.		
		e and understand e removed by the						one other t	than the		
	Applicant's Name - PLEASE PRINT)										
	(Applic	ant's Signature)				(Applicant's Address)					
GRAVE:			Disala	ock Lot Section							
(Name of Deceased)											
				Gr. #	V	Vidth of G	Grave(s): _		inches		
MONUMENT DEALER: This application and payment is submitted for the approval of the work as described on this We accept all responsibility resulting from information not provided on this application that i											
	stallation: \$ contravention to the monument regulations. We also understand that the City of Saskatoon is not responsible for any work carried out prior to the approval of this application.										
	\$										
Other:	ф Ф										
TOTAL	\$ \$	(Cor	mpany Name)		(Signature of Company Representative)						
1017.2]									
Installation (0		ROUND Marker)	MILITARY REPLACE or OTHER REMOVE (modify, remove, etc.)								
Location (Circ	cle one):	Head of O		er of Two of 2)	Flat at Foot (F at F)						
Style (Circle o		(traditional) Upright	Sloping Pillow w	ith Base Pillow	(no base) Flat M	larker Bro	onze Flat Mark	(sketch	HER h attached)		
Size and Finish:			Dimensions (INCHES)			Finish (P-polish, S-sawn, R-rock-pitch)					
	Material	Colour	Length (Left - Right)	Width (Front - Back)	Height (Top - Bottom)	Front	Back	Тор	Sides		
DIE			(Leit - Right)	(FIORE- Back)	(TOP - BORIOTT)						
BASE											
Attackments	/; -			.		. (1				
Attachments.	(identity the id	ocation, type, siz	e and materi	ai ioi ali vase	s, pictures, sta	alues, elc	.)				
Inscription: (Include at leas	t all names and	dates. Attacl	ned drawing o	f all artwork a	nd inscrip	tion prefe	rred)			
The per	rson making applic	ation is responsible	to ensure that th	e inscription corr	esponds with the	correct side	es or location	of the buria	als.		
FOR OFFICE U			1			_					
TYPE: FLAT	TYPE: FLAT STRIP MILITARY PRECAST				Date Rec'd:			Grave Paid:			
Foundation: _	Approve	Approved By:			Date Approved:						

Custom:_

_____ FILE # _____