

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 authorize the work herein identified. I acknowledge and understand that the owner of the grave(s) as recorded in the Woodlawn Cemetery Office is the sole authority for monument installations and/or renovations to such.

I acknowledge and understand that any monuments and/or fixtures purchased or installed by anyone other than the owner may be removed by the City of Saskatoon at the request of the owner of the grave(s).

_____ (applicant's name - PLEASE PRINT)

_____ (applicant's signature)

_____ (applicant's address)

GRAVE:

_____ (name of deceased)

Block _____ Lot _____ Section _____

Gr. # _____ Width of Grave(s): _____ inches

MONUMENT DEALER:

This application and payment is submitted for the approval of the work as described on this application. We accept all responsibility resulting from information not provided on this application that is in 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.

Installation:	\$ _____
P. Care:	\$ _____
GST	\$ _____
TOTAL	\$ _____

_____ (Company Name)

_____ (signature of company representative)

Installation (Circle one):

CONCRETE FOUNDATION

IN-GROUND (Flat Marker)

MILITARY

REPLACE or REMOVE

OTHER (modify, remove, etc.)

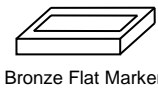
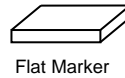
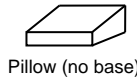
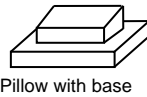
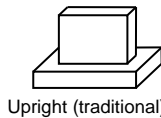
Location (Circle one):

Head of One (H of 1)

Center of Two (C of 2)

Flat at Foot (F at F)

Style (Circle one):



OTHER (sketch attached)

Size and Finish:

	Material	Colour	Dimensions (INCHES)			Finish (P-polish, S-Sawn, R-rock-pitch)			
			Length (Left - Right)	Width (front - back)	Height (top - bottom)	Front	Back	Top	Sides
DIE									
BASE									

Attachments: (identify the location, type, size and material for all vases, pictures, statues, etc.)

Inscription: (Include at least all names and dates. Attached drawing of all artwork and inscription preferred)

The person making application is responsible to ensure that the inscription corresponds with the correct sides or location of the burials.

FOR OFFICE USE ONLY

Type: FLAT STRIP MILITARY CUSTOM PRECAST
 Foundation: _____" X _____" X _____"
length width thick

Date Rec'd: _____ Grave Paid by: _____
 Approved By: _____ Date Approved: _____
 INVOICE: _____ FILE # _____