APPLICATION FOR MEMORIALIZATION



Planning, Property, & Development / Cemeteries Branch

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PART I – Part I, II, III and IV information must be completed by the applicant.					
☐ BROOKSIDE ☐ ST VITAL CEMETERY		☐ TRANSCONA CEMETERY			
☐ Memorial placed on sections with continuous beams (PERMIT ONLY REQUIRED)		☐ Install flat marker only			
□ Upright memorial re-lettering and/or re-furbish - □ on site □ off site (PERMIT ONLY REQUIRED)		☐ Install flat marker w/ attached vase			
		□ Install flat marker and vase at the same time			
☐ Flat marker re-lettering and/or re-furbish on site (PERMIT ONLY REQUIRED)		□ Install flat marker only			
☐ Adding vase and/or sub/base to existing monument		□ Install flat marker only □ Flat marker exchange or removal for additional			
		engraving (FLAT MARKER EXCHANGE OR REMOVAL FEE)			
☐ Install individual foundation for memorial installation (PERMIT ONLY REQUIRED)		□ Military monument install			
Memorial Dealer is permitted to install/remove memorials on foundation(s) only. Complete A, B & C for UPRIGHT MONUMENT. Complete D & E for FLAT MARKER. Complete E only if bronze plaque is being placed on the granite flat marker.					
	Width: (SIDE TO SIDE)	Depth: (FRONT TO BA	aCK)	Height: (TOP TO BOTTOM)	
B. Dimensions of base (inches)	Width: (SIDE TO SIDE)	Depth: (FRONT TO BA	CK)	Height: (TOP TO BOTTOM)	
C. Dimensions of Sub-base (inches) (CANNOT EXCEED MAXIMUM HEIGHT)	Width: (SIDE TO SIDE)	Depth: (FRONT TO BA	CK)	Height: (TOP TO BOTTOM)	
	Width: (SIDE TO SIDE)	Depth: (SURFACE TO	UNDERSIDE)	Height:(FACE TOP TO BOTTOM)	
	Width: (SIDE TO SIDE)	Height: (FACE TOP TC	ВОТТОМ)		
	PART II				
A. Name of Memorial Dealer:					
Phone: Email:					
B. Purchaser/Authorizer *** (Must Be Owner Of Site Or Executor/Admin. Of An Estate/POA To Original Owner – circle one):					
Address:					
Phone:					
Legal Documents (Will/Notarized Letter/POA/Admin. C)	Photo ID Viewed: □	
C. I HEREBY AUTHORIZE PLACEMENT OF THE MEMORIAL AS PER PART III					
Signature(s):					
PART III					
Name of Deceased:		Date	of Burial:		
Section No.:	Lot/Plot No.:				
	PART IV				
☐ INVOICE MEMORIAL DEALER MUST BE APPROVED ACCOUNT ☐ PAYING CEMETERY DIRECTLY					
PART V – FOR OFFICE USE ONLY					
Application Received:	Cost:		Receipt	: No.:	
Day Diary For Removal:	Code in Section B.:		Found.	Size:	
Marker/Vase/Monument Received:	LIST NO.:	LIST NO.:			
NAME ON MEMORIAL:					

*** DISCLAIMER: should the purchaser of the memorial be different from the owner/admin./executor/POA of the site, a letter of consent from the owner/admin./executor/POA must be obtained and attached to the application permit. Where joint ownership is involved, the signatures of all joint owners MUST be secured on this application form. A waiver form may be used in some cases. Please contact the Office for more information.