

SECTION 1: APPLICANT INFORMATION		
Name:	Relationship to the Deceased:	
Mailing Address:		
Email:	Phone Number:	
SECTION 2: DECEASED INFORMATION		
Deceased Name:	Date of Interment:	
SECTION 3: PLOT INFORMATION *Plot information is not required for a Memorial Wall Inscription*		
Type of Plot: <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	Cemetery: <input type="checkbox"/> Lakeview Cemetery <input type="checkbox"/> Grand Centre Memorial Park Cemetery	
Interment Rights Holder on Plot:	Plot/Niche:	
SECTION 4: MEMORIAL SPECIFICATIONS AND PLANS <i>*Memorial Specifications are provided in the Memorial Regulations (Schedule "B" of Policy No. 207-AD-19)</i> <i>Indicate whether memorial is either a:</i>		
<input type="checkbox"/> <i>New memorial (MUST Complete Sections 4 and 5)</i> <input type="checkbox"/> <i>Inscription of date of death on already placed memorial (DO NOT Complete Sections 4 or 5)</i> <i>Date of Death:</i>		
Type of Memorial: <input type="checkbox"/> Flat Marker <input type="checkbox"/> Upright Monument <input type="checkbox"/> Columbarium Niche Plate <input type="checkbox"/> Memorial Wall Inscription	Design & Materials: <i>*not required for the Memorial Wall Inscription or Columbarium Niche Plate</i>	Inscription:
Size of Memorial: <i>*not required for the Memorial Wall Inscription or Columbarium Niche Plate</i>		
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, 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 *Protection of Privacy Act*, Sec. 4 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the Privacy Officer by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.

OFFICE USE ONLY																						
Fees for installation: <table> <tr> <td><input type="checkbox"/> Flat Marker Permit</td> <td>\$84.00</td> <td>Payment Type:</td> <td><input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit</td> </tr> <tr> <td><input type="checkbox"/> Upright Monument Permit</td> <td>\$84.00</td> <td>Permit Fee: \$</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Columbarium Niche Plate Permit</td> <td>\$84.00</td> <td>GST: \$</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Communal Memorial Wall Inscription</td> <td>\$651.00</td> <td>Total Cost: \$</td> <td>_____</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> There is no fee for a date of death inscription on monuments that are already installed.</td> </tr> </table>		<input type="checkbox"/> Flat Marker Permit	\$84.00	Payment Type:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit	<input type="checkbox"/> Upright Monument Permit	\$84.00	Permit Fee: \$	_____	<input type="checkbox"/> Columbarium Niche Plate Permit	\$84.00	GST: \$	_____	<input type="checkbox"/> Communal Memorial Wall Inscription	\$651.00	Total Cost: \$	_____	<input type="checkbox"/> There is no fee for a date of death inscription on monuments that are already installed.				Submission Checklist: <ul style="list-style-type: none"> <input type="checkbox"/> Application Form Complete <input type="checkbox"/> Rendering Submitted <input type="checkbox"/> Payment Received <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 _____ 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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