

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"/> New memorial (<u>MUST</u> Complete Sections 4 and 5) <input type="checkbox"/> Inscription of date of death on already placed memorial (<u>DO NOT</u> Complete Sections 4 or 5) <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: *not required for the Memorial Wall Inscription or Columbarium Niche Plate	Inscription:
Size of Memorial: *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 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: <input type="checkbox"/> Flat Marker Permit \$84.00 <input type="checkbox"/> Upright Monument Permit \$84.00 <input type="checkbox"/> Columbarium Niche Plate Permit \$84.00 <input type="checkbox"/> Communal Memorial Wall Inscription \$651.00 <input type="checkbox"/> There is no fee for a date of death inscription on monuments that are already installed.	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Permit Fee: \$ _____ GST: \$ _____ Total Cost: \$ _____	Submission Checklist: <input type="checkbox"/> Application Form Complete <input type="checkbox"/> Rendering Submitted <input type="checkbox"/> Payment Received Receipt #: _____
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: _____

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.