

## CEMETERY MONUMENT APPLICATION & PERMIT

### PLOT OWNER INFORMATION

SECTION	PLOT	LOT
NAME OF DECEASED		
NAME OF PLOT OWNER/EXECUTOR/PURCHASER		
ADDRESS	PHONE #	
OWNER/EXECUTOR/PURCHASER SIGNATURE	DATE (YYYY/MM/DD)	
By signing this application, the Owner/Executor is authorizing the installation of the monument/ marker on the aforementioned plot is in accordance with the requirements of the Town of Blackfalds Cemetery Bylaw 1313/24 and its amentments.		

### COMPANY REQUESTING PERMIT

COMPANY NAME		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
NAME OF COMPANY REPRESENTATIVE		PHONE #

## COMPANY REQUESTING PERMIT CONTINUED..

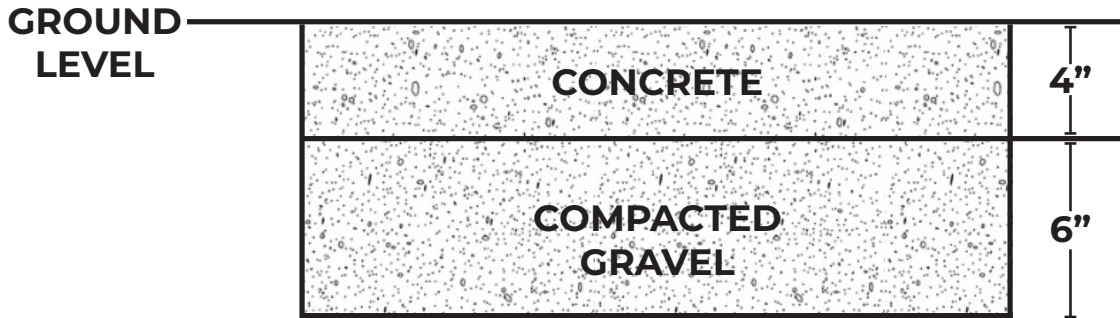
COMPANY REPRESENTATIVE SIGNATURE	DATE (YYYY/MM/DD)
DO YOU HAVE A VALID TOWN OF BLACKFALDS BUSINESS LICENSE?	
YES	NO (If no, please enclose License Fee)

## CERTIFICATION OF INSTALLATION

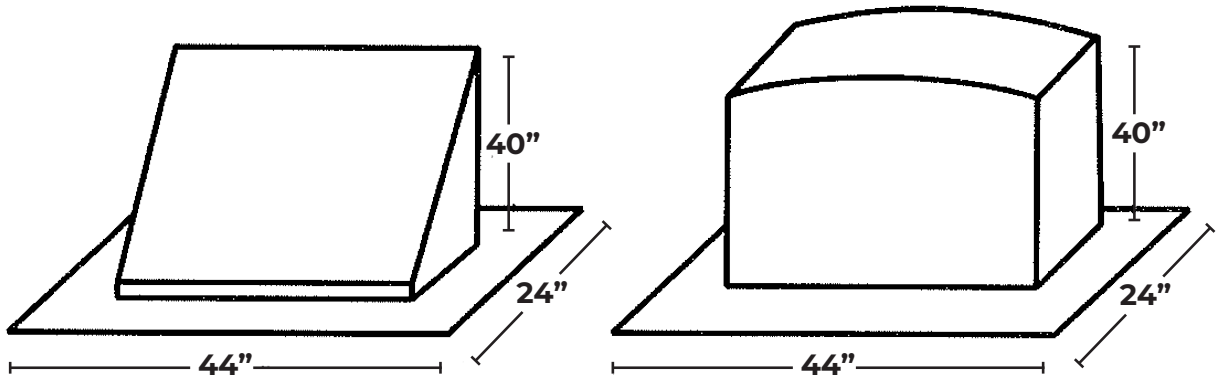
INSTALLER NAME	
ADDRESS	PHONE #
INSTALLER SIGNATURE	DATE (YYYY/MM/DD)
By signing this application, the Installer certifies that the installation of the monument/marker on the aforementioned plot is in accordance with the requirements of the Town of Blackfalds Cemetery Bylaw 1313/24 and its amentments.	

**Please return this permit to the Town of Blackfalds following certification of installation.**

## Concrete Foundations Required for Mounting Upright Monuments and Flat Markers



### Upright Monuments Specifications



### Flat Marker Specifications

