

Notes

Town of Fort Macleod Union Cemetery

Monument Permit Application & Inspection Form
Office Location: G.R. Administration Building | 410 20 Street | Fort Macleod, AB Phone: 403.553.4425 Fax: 403.553.2426 E-mail: cemetery@fortmacleod.com

Mailing Address: P.O. Box 1420 | Fort Macleod, AB TOL 0Z0

Cemetery By-law 1878 requires the owner of a monument to provide a signed statement showing that the owner assumes

responsibility to maintai state of disrepair. I, the u								
Name of Owner/Purchaser:		Signature of Owner/Purchaser:			Date Signed:			
Mailing Address:			City/Postal Code:			Daytime Phone Number:		
Name of Monument Company			Date Monument Permit Submitted			**Date Monument to be Placed or Work Done:		
**IMPORTANT: A Cemetery By-law 1878 Monuments must conform	A MONUMENT requires that a permi	TO ALLO		KS TO MA	ARK THE GRA , altered, engra	AVE wed, re	moved, or replaced.	
Print Name of Deceased (Surname/First Name)			Application to: ☐ Install Monument/Footstone ☐ Engrave Granite Face ☐ Make Alterations to Existing Monument					
Date of Death (Month/Year)			 □ Remove and Replace Monument □ Remove Monument Permanently □ Engrave and Install Door on Columbarium □ Other 					
PLEASE SU	BMIT A PICTURE OF	THE CO	MPLETED MONUME	NT TO: co	emetery@fo	rtmac	leod.com	
Location of Plot: Section Unit # Plot Niche # Length shall mean the measurement of the monum		_	□ Flat □ Upright □ Pillow		ATERIAL: Bronze Granite Marble Other	,	ACCESSORIES: Uase Picture Other	
Width shall mean the me Height shall mean the me This measurement shall in	asurement of the monun casurement of the monur	nent as it v	vould face the plot measure the concrete foundation	red from the	he head of the p			
All Measurements in MONUMENT SIZE	ı Inches Please	I	ength	Wic	lth		Height	
BASE SIZE								
FOUNDATION SIZE								
	The Sec		ow is for Cemetery		ly			
Date Permit Entered			Public Works Notified					
Dated Checked	Dated Checked		Checked By					