



# MONUMENT APPLICATION FORM

Woodlawn Cemetery  
 1502 - 2nd Avenue North  
 Saskatoon, SK. S7K 2G1  
 Ph: (306) 975-3308 Fax: (306) 975-3027

**APPLICANT:** I hereby authorize the work herein identified. I acknowledge and understand that the owner of the grave(s) as recorded in the Woodlawn Cemetery Office is the sole authority for monument installations and/or renovations to such. I acknowledge and understand that any monuments and/or fixtures purchased or installed by anyone other than the owner may be removed by the City of Saskatoon at the request of the owner of the grave(s).

\_\_\_\_\_  
(applicant's name - PLEASE PRINT)

\_\_\_\_\_  
(applicant's address)

\_\_\_\_\_  
(applicant's signature)

**GRAVE:**

\_\_\_\_\_  
(name of deceased)

Block \_\_\_\_\_ Lot \_\_\_\_\_ Section \_\_\_\_\_

Gr. # \_\_\_\_\_ Width of Grave(s): \_\_\_\_\_ Inches

**MONUMENT DEALER:** This application and payment is submitted for the approval of the work as described on this application. We accept all responsibility resulting from information not provided on this application that is in contravention to the monument regulations. We also understand that the City of Saskatoon is not responsible for any work carried out prior to the approval of this application.

Installation:	\$ _____
P. Care:	\$ _____
GST	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(signature of company representative)

**Installation (Circle one):** CONCRETE FOUNDATION    IN-GROUND (Flat Marker)    MILITARY    REPLACE or REMOVE    OTHER (modify, remove, etc.)

**Location (Circle one):** Head of One (H of 1)    Center of Two (C of 2)    Flat at Foot (F at F)

**Style (Circle one):**

Upright (traditional)   
 Upright Sloping   
 Pillow with base   
 Pillow (no base)   
 Flat Marker   
 Bronze Flat Marker   
 OTHER (sketch attached)

**Size and Finish:**

	Material	Colour	Dimensions (INCHES)			Finish (P-polish, S-Sawn, R-rock-pitch)			
			Length (Left - Right)	Width (front - back)	Height (top - bottom)	Front	Back	Top	Sides
DIE									
BASE									

**Attachments:** (Identify the location, type, size and material for all vases, pictures, statues, etc.)

**Inscription:** (Include at least all names and dates. Attached drawing of all artwork and inscription preferred)

The person making application is responsible to ensure that the inscription corresponds with the correct sides or location of the burial.

**FOR OFFICE USE ONLY:**

Type: FLAT    STRIP    MILITARY    CUSTOM    PRECAST    Date Rec'd: \_\_\_\_\_    Grave SAR: \_\_\_\_\_

Foundation: \_\_\_\_\_" X \_\_\_\_\_" X \_\_\_\_\_"    Approved By: \_\_\_\_\_    Date Approved: \_\_\_\_\_

SAR/CR: \_\_\_\_\_    FILE # \_\_\_\_\_