



TOWN OF BATTLEFORD CEMETERY PERMIT APPLICATION

Box 40, Battleford, SK. S0M 0E0
Phone: (306) 937-6200 Fax: (306) 937-2450
Email: reception@battleford.ca

The Cemetery Bylaw requires that a permit be obtained and approved prior to a monument being installed for any and all work of markers **prior to the commencement of such work**. The Town will only install memorial wall and columbarium plaques, not cemetery grave markers. Funeral Home, Memorial Company or family are responsible to install the grave marker(s) as per Town Regulations and must contact Parks & Recreation Dept. at (306) 937-6216 (Monday to Friday 8:00 am to 12:00 noon & 1:00 pm to 4:00 pm) **before installation** of the marker(s). Cheques are made payable to Town of Battleford.

Print Name of Deceased – Surname/First Name
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Name of Applicant:	Mailing Address:	Date:
Signature of Applicant:	Email Address:	Phone Number:

Work to be performed by:	Mailing Address:
Date Marker Placed or Work Done	Email Address:

Application to:			
<input type="checkbox"/> Install Marker	<input type="checkbox"/> Remove/Replace Marker		
<input type="checkbox"/> Install Bronze Plaque on Memorial Wall	<input type="checkbox"/> Remove Marker Permanently		
<input type="checkbox"/> Make Alterations to Existing Marker			
<i>*Parks & Rec. Dept. must be contacted prior to commencement of such work.</i>			
Cemetery	Location	Material	Extras
<input type="checkbox"/> Protestant: <input type="checkbox"/> New <input type="checkbox"/> Old	Section: _____	<input type="checkbox"/> Bronze	<input type="checkbox"/> Vase Retractable
<input type="checkbox"/> Catholic: <input type="checkbox"/> New <input type="checkbox"/> Old	Lot: _____	<input type="checkbox"/> Granite	<i>Vet/Legion section are without provision for a vase.</i>
<input type="checkbox"/> Cremains		Type	Note:
<input type="checkbox"/> Legion		<input type="checkbox"/> Single size	Columbarium and Memorial Wall inscription specifications must be submitted for review
<input type="checkbox"/> Memorial Wall		<input type="checkbox"/> Double size	
<input type="checkbox"/> Columbarium Niche			

All Measurement in Inches Please	Length	Width	Height
Marker Size			
Base Size			

The Section Below is for Office Use Only			
Permit Fee: \$15.00	Receipt #: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Invoice Funeral Home/ Memorial Company: <input type="checkbox"/> Yes <input type="checkbox"/> No	Office Clerk Signature: _____		
<input type="checkbox"/> Parks & Rec Copy	<input type="checkbox"/> Town Hall Copy	<input type="checkbox"/> Works & Utilities Copy	