CEMETERY SERVICES
Monument Placement Request

Office Location: 2111 20 Street
Phone: 403-749-3606
Fax: 403-749-2800
Email: Village@Delburne.ca

*** Before filling in this form ensure you have reviewed the Delburne Cemetery Bylaw #1132/2017**

*** All work must be approved by the Village of Delburne before work commences.**

Request made by: _____

Email: _____ Phone: _____

Mailing address: _____

Name on Monument: _____

Other Names Associated with Plot: _____

Monument Type:
Flat: ☐ Bench: ☐ Upright: ☐ Pillow: ☐ Column: ☐

*** Gravesites where a prominent marker exists, a second or third marker must be flat and at ground level.**

Monument Location:
Head Centre: ☐ Left: ☐ Right: ☐ Other: ☐

Type of Work:
Install: ☐ Engrave: ☐ Repair: ☐

Date work will be done: _____

*** I have read, understand, and agree to follow the rules and regulations of the Delburne Cemetery Bylaw 1132/2017.**

Signature: _____

Any personal information collected on this form will be kept under the Authority of the Cemetery Act and is only used for record keeping for the Village of Delburne.

FOR OFFICE USE ONLY

Location of Plot: _____

Date of marking: _____

Completed by: _____