



Whitecourt Cemetery Monument Removal Request

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Plot Information

Plot Location: Block _____ Plot(s) _____ North Field of Honour Roman Catholic Section
 South Field of Honour Non-Denom Section

Name of Deceased: _____
Last First Middle

Monument Information

MONUMENT TYPE Pillow Upright Flat Marker Grave Cover

SCOPE OF WORK

- Complete removal. ***Town property must be restored to original condition or better by the party completing the work.**
- Removal and replacement of monument. ***A Monument Installation Form must accompany your Request***

MONUMENT COMPANY COMPLETING WORK

Company Name: _____ Contact Person: _____
Phone: _____ Email: _____
Removal Date: _____ Time: _____

Individual Authorizing Removal

Name: _____
Address: _____
Street Address

City Province Postal Code
Phone: _____ Email: _____
Relationship to Deceased: _____

Signature

This request is submitted for the removal of a monument according to the information given above. The undersigned acknowledges and agrees to the terms and conditions as set forth in the Town of Whitecourt Cemetery Bylaw 1506 relative to the installation and removal of monuments.

Signature: **X** _____ Date: _____

Approval (Office Use Only)

Signature: **X** _____ Date: _____

Print Name: _____ Title: _____