



CEMETERY MEMORIAL PERMIT REQUEST

DATE OF PERMIT REQUEST:		
COMPANY:		
NAME OF CONTACT:		TELEPHONE:
BILLING ADDRESS:		
TOWN/CITY:	PROVINCE:	POSTAL CODE:
NAME OF DECEASED OR PERSON FOR WHOM THE MEMORIAL IS REQUIRED:		PROPOSED INSTALLATION DATE:
STRATHMORE CEMETERY PLOT ADDRESS:		
SECTION: BLOCK: PLOT:		
PROPOSED BASE SIZE (LENGTH x WIDTH x HEIGHT):		
PROPOSED MONUMENT SIZE (LENGTH x WIDTH x HEIGHT):		
TYPE OF MONUMENT (PLEASE CHECK ONE): <input type="checkbox"/> FLAT <input type="checkbox"/> HICKEY <input type="checkbox"/> UPRIGHT <input type="checkbox"/> CROWNE <input type="checkbox"/> PILLOW <input type="checkbox"/> OTHER: _____		
MISCELLANEOUS DETAILS:		

OFFICE USE ONLY:	
<input type="radio"/> NOT APPROVED REASON: _____	
<input type="radio"/> APPROVED	
APPROVED BY: _____	DATE: _____