

# St. Mary's Roman Catholic Cemetery

P.O. BOX 322  
LINDSAY, ONTARIO  
K9V 4S3

License No. 3307439

PLEASE REFER TO CEMETERY BOARD LETTER FOR PARTICULARS

## APPLICATION FOR APPROVAL AND INSTALLATION OF MONUMENTS

No. \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_  
Do Not Use

Name of Deceased \_\_\_\_\_

Date of Last Burial \_\_\_\_\_

Monument Dealer \_\_\_\_\_

Address \_\_\_\_\_

Owner of Lot or Agent \_\_\_\_\_

Address \_\_\_\_\_

RANGE \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_ GRAVE \_\_\_\_\_

Front of Monument

Reverse of Monument

SKETCHES OF PROPOSED MONUMENT SHOWING **ALL** LETTERING AND REQUIRED CHRISTIAN RELIGIOUS SYMBOL MUST APPEAR HERE – BOTH SIDES MUST BE COMPLETED – IF ONE SIDE IS BLANK – **MARK IT BLANK**. A RELIGIOUS SYMBOL IS A Crucifix, Cross, Rosary, Praying Hands – refer to our letter July 6th, 1988 with regard to inscriptions – NO OTHER DECORATION OR INSCRIPTION WILL BE ALLOWED.

MONUMENT Colour \_\_\_\_\_ Material \_\_\_\_\_ Type of Lettering \_\_\_\_\_

Overall Height of Monument including Base _____ SIZE _____ x _____ x _____ <small>Length Width Height</small>	<table border="0" style="width: 100%;"> <tr> <td>Pol. 2 <input type="checkbox"/></td> <td>Steel 2 <input type="checkbox"/></td> <td>B.R.P. <input type="checkbox"/></td> </tr> <tr> <td>Pol. 3 <input type="checkbox"/></td> <td>Steel 3 <input type="checkbox"/></td> <td>Top - Serp. <input type="checkbox"/></td> </tr> <tr> <td>Pol. 5 <input type="checkbox"/></td> <td>Steel 5 <input type="checkbox"/></td> <td>Oval <input type="checkbox"/> Flat <input type="checkbox"/></td> </tr> </table>	Pol. 2 <input type="checkbox"/>	Steel 2 <input type="checkbox"/>	B.R.P. <input type="checkbox"/>	Pol. 3 <input type="checkbox"/>	Steel 3 <input type="checkbox"/>	Top - Serp. <input type="checkbox"/>	Pol. 5 <input type="checkbox"/>	Steel 5 <input type="checkbox"/>	Oval <input type="checkbox"/> Flat <input type="checkbox"/>
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Base Color \_\_\_\_\_ Material \_\_\_\_\_

SIZE \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
Length Width Height

Sewn \_\_\_\_\_ Pol. \_\_\_\_\_ Margin \_\_\_\_\_

MARKER Color \_\_\_\_\_

SIZE \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
Length Width Height

CORNER POST \_\_\_\_\_

SIZE \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
Length Width Height

**FOUNDATION PURCHASE ORDER**

Length \_\_\_\_\_ FT. \_\_\_\_\_ INCHES  
Width \_\_\_\_\_ FT. \_\_\_\_\_ INCHES

**FOR OFFICE USE ONLY**

No. of Cu. ft. \_\_\_\_\_ Invoice No. \_\_\_\_\_  
Price \_\_\_\_\_ Receipt No. \_\_\_\_\_