



BRANDON MUNICIPAL CEMETERY

Administration Office – 18th Street, Brandon, MB
Phone: (204) 729-2150 Email: cemetery@brandon.ca

Monument Installation Application

PART I

In accordance with the design and specifications submitted hereunder, I do agree to adhere to all rules and regulations as set forth in the Cemetery Policy governing the operation of the Brandon Municipal Cemetery.

Purchaser: _____ Phone Number: _____

Address: _____

Monument Dealer or Contractor: _____

Address: _____ Phone Number: _____

PART II

The following information must be provided for all memorials.

Name(s) on Monument: _____ Date(s) of Death: _____

Section: _____ Block: _____ Plot: _____ Date(s) of Death: _____

Type of Memorial: Monument Base Flat Marker

For New Monument:

Dimensions of Monument (inches): Width _____ Depth _____ Height _____

Dimensions of Base (inches): Width _____ Depth _____ Height _____

Dimensions of Flat Marker (inches): Width _____ Depth _____ Height _____

Requested Installation Date: _____ Time of Day: _____

For Removal and Return of Existing Monument for Engraving:

Pick Up Date: _____ Return Date: _____

Comments: _____

Confirmed by: _____ Date: _____