



Monument Request Form

The City of Mississauga

Community Services Department
 950 Burnhamthorpe Rd West, Mississauga, Ontario L4Y 3W6
 Calling within Mississauga dial 3-1-1
 Calling from outside Mississauga dial (905) 615-4311
 FAX: (905) 615-3098

Foundation: _____
 Setting Charge: _____
 Levy: _____
 G.S.T.: _____
 Total: _____

Cemetery: _____ Date: _____

Section: _____ Range: _____ Lot: _____ Grave: _____

Grave Owned By: Name: _____

Address: _____

Name of Deceased: _____

Installation Authorized By (Name): _____

Signature: _____

IF SIDE BY SIDE INSCRIPTION ON DOUBLE MARKER OR MONUMENT INDICATE NAMES IN BOX:

LEFT: _____	RIGHT: _____
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FILL OUR PART A OR PART B

PART A: Flat Marker

Material: Granite: _____ Bronze: _____ Other: _____

Size: Length: _____ Width: _____ Thickness: _____

PART B: Upright Monument

Base Length _____ Diestone Length: _____

Base Height _____ Diestone Height: _____

Base Width _____ Diestone Thickness: _____

Name of Monument Company: _____

DESIGN FOR MONUMENT:

FRONT SIDE