

Last Name

Maiden Name (if applicable)

Rights Holder Information:

8348 Wellington Road 124 P.O. Box 700

Rockwood ON N0B 2K0 Tel: 519-856-9596

Fax: 519-856-2240 Toll Free: 1-800-267-1465

Middle Name

Date of Birth - mm/dd/yyyy

www.get.on.ca

Foundation and Memorial Installation Application

Monuments and their respective foundations, settings or installations as presented by this application are subject to the current By-Laws of The Township of Guelph/Eramosa and the approval of cemetery management. Pursuant to the current by-laws, memorials and their respective foundations, settings or installations must also be authorized by the Interment Rights Holder of Record (as identified on the Certificate of Interment Rights). Applicants are required to contact the Township directly if the Interment Rights Holder of record is undetermined or not available to provide written authorization on this form.

For the purpose of this application, "Memorial" means any monument, marker, or plaque, intended for commemoration. Memorials are subject to Care & Maintenance fees as prescribed by Ontario's Funeral, Burial and Cremation Services Act (2002). The Cemetery is the exclusive installer of foundations and the setting of flat markers. No person other than a provincially licensed representative of the Cemetery may offer, quote, sell, enter into contract or receive fees for the Cemetery's licensed supplies or services. Provincial legislation and the Cemetery's by-Laws require that the Cemetery and the applicant and/or the Interment Rights Holder complete a written Cemetery

First Name

Gender

Interment Rights Holder (As per Certificate of Interment Rights)

Address:	Street Name & Number					PO Box			
	Apt #	Apt # City/Town				Postal Code			
Home Phone:					Cell Phone:				
Email:					Business Phone:				
Additional Rights Holder Information:	Last N	Name		F	First Name	Middle Name			
	Maiden Name (if applicable):			(Gender	Date of Birth - mm/dd/yyyy			
Address:	Street Name & Number					PO Box			
	Apt # City/Town					Postal Code			
Home Phone:					Cell Phone:				
Email:					Business Phone:				
Purchaser / Applicant Information (If not the Interment Rights Holder on Record)									
Rights Holder Information:	Last N	Name		F	First Name	Middle Name			
	Maiden Name (if applicable)			(Gender	Date of Birth - mm/dd/yyyy			
Address:	Street Name & Number					РО Вох			
	Apt # City/Town					Postal Code			
Home Phone:					Cell Phone:				
Email:					Business Phone:				
Details of W	ork to	o Be Complete	d						
Lot	Block		Row		Lot	(s)			
Location:	DIUCK		1.011		2011	(-)			

Information	to be Included With	Application							
• A diagram of the monument or marker that is to be installed. This diagram must include: □ All dimensions of all pieces □ Colour, material, and country of origin of all pieces □ Inscription as it will appear when completed □ When applicable, an English translation □ Client signature approving the diagram as final confirmation of what is to be installed									
• A description of where the monument or marker is to be placed (i.e. centered on single or double lot)									
Retailer Co	mpliance and Respor		ents						
Company Name:	Sales Representative:								
	Street Name & Number	PO Box							
Address:	Apt #	Postal Code							
Phone:			Fax:						
Email:									
Name of Legal Signing Agent: (if not Sales Representative) As the Legal Signing Agent for the above named company, I hereby acknowledge and state the following:									
 The memorial will comply with current by-laws of the Rockwood Cemetery The memorial will be crafted as per the attached representational diagram(s). An upright monument will, upon full installation, be capable of withstanding 100 pounds of force as applied 4 inches below the top of the upright monument, in any direction. In advance of installing any upright monument as specified within this application, I will ensure that The Township of Guelph/Eramosa is presented with or has on file the required:									
<u> </u>	. <u></u>	•							
Signature			Date						
Interment Rights Holder Authorization									
I, the undersigned, as the Interment Rights Holder of Record or their legal representative, have reviewed this application and completed, to the best of my knowledge, the required information. I hereby authorize the memorials and request that The Township of Guelph/Eramsoa review and approve this application, pursuant to the current by-laws of The Rockwood Cemetery. As a condition of cemetery approval, all Cemetery fees regarding applicable care and maintenance as well as services for foundation and settings are my responsibility and shall be paid in full pursuant to a completed Contract with the Township of Guelph/Eramosa.									
Signature of Interment Rights Holder(s)									
Interment Righ	nts Holder Signature		Date						
Additional Righ	nts Holder Signature		Date						