



Application for Memorial Marker Approval

**** Requesting permission to install a memorial marker memorializing two people (companion marker) will require completion of this application for inscription of the additional name or dates****

Cemetery: _____

Name of Deceased: _____

Section: _____, Lot _____, Niche _____

Date of Interment: _____

Memorial Specifications:

Memorial type: (*flat, upright, niche, memorial wall*) _____

Dimensions: (*width, height, depth*) _____

Material: _____

A layout of the proposed marker showing inscription, artwork, etc. is required. Please refer to City of Salmon Arm Cemetery Management Bylaw No. 4280 available at City Hall or on our website at www.salmonarm.ca. This Bylaw contains specific requirements regarding memorial specifications. If you have any questions regarding this Bylaw please contact City Hall at 250 803-4038.

Any other applicable information:

Applicant: _____	City of Salmon Arm
Phone: _____	Approved by: _____
Signature: _____	Date: _____
Date: _____	

Provide applications to:
City of Salmon Arm, PO Box 40
500 – 2 Avenue NE, Salmon Arm, BC V1E 4N2

email to: bpuddifant@salmonarm.ca