



Box 289
230 Main Street East
Langham, Saskatchewan S0K 2L0
Phone: (306) 283-4842 Fax: (306) 283-4772
Website: www.langham.ca

Monument or Marker Application Form
Langham Cemetery

Block Number _____ Lot Number _____ Plot Number _____

Licensee Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Type of Application:

- Install Monument
- Remove Monument
- Install Flat Grass Marker

Flat Grass Marker Creains Location: 1st _____ 2nd _____ 3rd _____

Are cremains interred at this location? Yes No

Name(s) on Monument/Marker: _____

Monument Company: _____

Expected Installation Date: _____

I/We agree to comply with Schedule "B" and Schedule "C" of the Cemetery Bylaw.

Signature of Licensee: _____ Date: _____

FOR OFFICE USE ONLY

All fees paid: Yes No

Fee Paid: _____

Receipt #: _____

Approved: _____

Administration

Location Staked: _____

Inspection Date: _____