



# Killam Public Cemetery

## Monument Permit

Application No.			
Company Name:		Phone:	
Mailing Address:			
Applicant Name:		Fax:	
Cemetery Section:			
Monument Grave Site:			
Monument Size:			
Erection Date:			
Signature of Applicant:			
Application Date:			

*\*Cemetery graves run east/west with headstones at the west end of the grave (facing east)*

FOR OFFICE USE ONLY	
Permit Issued (date):	
Approval Signature:	On behalf of the Town of Killam
Conditions:	

**FEE: \$25 + GST = \$26.25**

*Payment can be made to Town of Killam, either by cheque or e-transfer to:  
bills@town.killam.ab.ca*