

APPLICATION FOR MEMORIALIZATION

(Please print or type)

The Applicant acknowledges that this Application will not be processed unless an Endowed Care Fund has been established with respect to the lot listed in this Application.

1. Cemetery Lot Information

Cemetery _____

Section _____ Range _____ Lot _____ Grave _____

Original Certificate Holder's Name _____
{Name that appears on the Burial Privileges Certificate}

2. Applicant Information

Name(s) of the Person(s) submitting Application _____

Applicant's Address _____ Telephone Number _____

Name & Address of the Monument Company _____ Telephone Number _____

3. Purpose of Application *{check the appropriate boxes}*

Type of Memorialization Work Installation Inscription Removal
 Replacement Repair Cleaning Other *{describe}* _____

For a Monument attach to page 3 an exact scale drawing, computer generated drawing, or photograph, with the precise size and details and exact rendering of the text and art work of the Monument and Memorialization Work. The attachment must include the grade of granite, and the name and address of the quarry and monument manufacturer.

For an Inscription attach to page 3 an exact scale drawing, computer generated drawing or photograph, of the Inscription (including names, dates, aspirations and symbols) to be added to the Monument. Indicate the size and style of lettering.

For Repair or other Maintenance attach to page 3 a complete description of the work, with the same degree of detail or graphic representation as noted above.

For a Foundation if requesting the Cemetery to install please indicate here YES () NO ()

If yes, fee for Foundation must accompany Application.

If no, you must install Foundation according to the SPECIFICATIONS FOR CEMETERY MONUMENTS FOR THE CATHOLIC CEMETERIES

Please submit a separate check or money order for each Application to cover all fees for that Application.

APPLICANT

BY SIGNING BELOW, THE APPLICANT ACKNOWLEDGES THAT THEY HAVE READ AND AGREE TO THESE TERMS AND CONDITIONS.

1. The undersigned Applicant hereby requests permission for the Memorialization Work as described in this Application, and authorizes the Monument Company to perform such work at the Lot described in this Application. The Applicant acknowledges that all work and activities conducted within the Cemetery, including, without limitation, all Memorialization Work, are subject to the Rules and Regulations of the Catholic Cemeteries, as published and revised from time to time by the Catholic Cemeteries, and which are incorporated herein by reference. Terms used in this Application with capital initials and not Otherwise defined shall have the meanings ascribed to them in the Rules and Regulations.

2. If granted, approval of this Application will apply to the precise details and information presented in and with this Application. If upon inspection by the Cemetery Superintendent of the Memorial or Memorialization Work, the Cemetery Superintendent determines that the work is not in strict compliance with the information provided in this Application, or does not comply with the Rules and Regulations, the Applicant will correct the Memorialization Work or remove the Monument, within three (3) days following notice in writing by the Cemetery Superintendent to the Monument Dealer and Applicant.

3. The undersigned Applicant agrees that should the Monument or other Memorial become unsightly, dilapidated, or dangerous to visitors, the Cemetery shall have the right to correct or repair the defective condition or remove the Monument or other Memorial from the Cemetery, at the expense of the Applicant, or his or her heirs, after giving reasonable prior notice in writing to the Applicant.

Intending to be legally bound, the Applicant has signed this Application on the date set forth below.

Applicant(s) signature _____

Date: _____

.....
Affidavit of Authority

STATE OF:

COUNTY OF:

I, the undersigned, residing in _____ County, State of _____ being duly sworn according to law, depose and state as follows:

1. I have submitted an Application for Memorialization to the Catholic Cemeteries Office with respect to the following Lot:

_____ Cemetery, Section _____ Range _____ Lot _____ Grave _____

2. The Application was submitted for the purpose of permitting the Memorialization of the following decedent, interred in this Lot: _____

3. The name that appears on the Burial Privileges Certificate for the above described Lot is:

_____ (The Original Certificate Holder)

4. I am related to the Original Certificate Holder as follows: _____

5. I am related to the decedent as follows: _____

6. The following are the names of all the surviving heirs at law, including any surviving spouse and children of the Original Certificate Holder:

7. I have obtained the consent, approval and agreement of all of the surviving heirs at law of the Original Certificate Holder in order to permit the Memorialization described on this Application.

8. The undersigned has not received any compensation or consideration, monetary or otherwise, in connection with the submission of this Affidavit or the Application.

9. The undersigned acknowledges that the Cemetery and the Catholic Cemeteries Office will be relying upon the statements made herein in determining whether to approve the Application for Memorialization.

THE UNDERSIGNED APPLICANT WARRANTS THAT HE/SHE HAS THE FULL RIGHT AND LEGAL AUTHORITY AND HAS OBTAINED THE CONSENT OF ALL OTHER HEIRS AS SET FORTH ABOVE TO PERMIT THE MEMORIALIZATION ON THE WITHIN DESCRIBED LOT AS REQUESTED BY THIS APPLICATION, AND IN CONSIDERATION OF THE APPROVAL OF THIS APPLICATION, AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CEMETERY AND THE CATHOLIC CEMETERIES, AND EACH OF THEIR AGENTS AND EMPLOYEES FROM AND AGAINST ANY CLAIMS ARISING FROM THE APPROVAL OF THIS APPLICATION BY THE CEMETERY, INCLUDING WITHOUT LIMITATION, CLAIMS, SUITS, DEMANDS, DAMAGES AND LOSSES, MADE BY HEIRS AND FAMILY MEMBERS OF THE ORIGINAL CERTIFICATE HOLDER

Applicant Signature: _____

Sworn and subscribed before me, the undersigned Notary Public, on _____ day of _____ of 20____

Notary Public _____

{Seal}

My Commission Expires: _____

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MONUMENT COMPANY

BY SIGNING BELOW THE MONUMENT COMPANY ACKNOWLEDGES THAT THEY HAVE READ AND AGREE TO THESE TERMS AND CONDITIONS.

1. The undersigned Monument Company hereby requests permission to perform the Memorialization Work as described in this Application. The Monument Company acknowledges that all work and activities conducted within the Cemetery, including without limitation, all Memorialization, are subject to the Rules and Regulations of the Catholic Cemeteries as published and revised from time to time by the Catholic Cemeteries, and which are incorporated herein by reference. Terms used in the Application with capital initials and not otherwise defined shall have the meanings ascribed to them in the Rules and Regulations.

2. The undersigned Monument Company certifies that any Monument to be installed by the undersigned shall be made entirely of first grade granite suitable for memorial purposes and is guaranteed by the Monument Company to be free from all flaws, defects, tool marks, rust stains, or discoloration, impervious to standard cleaning procedures, and that the workmanship of any such

Monument will be of the highest standard. Should a defect in material or workmanship become apparent within five (5) years from the date of setting, the Monument Company agrees to promptly replace the Monument without charge or cost.

3. If granted, approval of this Application will apply to the precise details and information presented in and with this Application. If upon inspection of the Memorial or Memorialization Work, the Cemetery Superintendent determines that the work is not in strict compliance with the information provided in this Application, or does not comply with the Rules and Regulations, the Monument Company will correct the Memorialization Work or remove the Monument, within three (3) days following notice in writing by the Cemetery Superintendent to the Monument Dealer and Applicant.

4. In consideration of the approval of this Application, the undersigned Monument Company agrees to indemnify, defend and hold harmless the Cemetery and the Catholic Cemeteries, and each of their agents and employees, from and against any claims, suits, demands, damages, and losses, for damage to property (including all claims relating to the quality of any Monument and Memorialization Work), or injury (including death) to any persons arising from the work or activities performed by or on behalf of the Monument Company, or by anyone for whom the Monument Company is responsible.

5. The undersigned Monument Company further agrees to pay or reimburse the cemetery upon demand for any damage to any property, including any lots, graves, walks, trees, shrubs, memorials, or other improvements, arising from the work or activities performed by or on behalf of the Monument Company, or by anyone for whom the Monument Company is responsible.

6. No Memorialization Work may commence until the Cemetery Superintendent has notified the Monument Company in writing that this Application has been approved. No Memorialization Work Shall commence or be performed until the Cemetery Superintendent has issued a Memorialization Permit. Acceptance of this Application by the Cemetery, and the payment of fees and other charges required by the Rules and Regulations, does not constitute approval of this Application.

Intending to be legally bound, the undersigned authorized officer has signed this Application on the date set forth below on behalf of the Monument Company.

Monument Company Name: _____ Date _____

Signature of Authorized Officer: _____

Printed Name and Title: _____

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For use by Cemetery Office staff only:

Amount \$ _____ Foundation Size: _____

Paid by Check# _____ Or Money Order # _____

Approval given to this Application by:

Name: _____ Date: _____

If Application is denied, note reason and date the Application was returned to Monument Company.

