

ST. CATHERINE CEMETERY
APPLICATION FOR MEMORIAL WORK - Form SCC - 001
 (Please Print All Information) *Items are Essential

CONTRACTOR _____
 ADDRESS _____
 PHONE _____ CELL _____ FAX _____

<u>ALTERATION</u>	<u>FOUNDATION (Cement, 42" deep)</u>	<u>INSTALLATION</u>
<input type="checkbox"/> On Monument	<input type="checkbox"/> For Monument	<input type="checkbox"/> Of Monument
<input type="checkbox"/> On Marker	<input type="checkbox"/> For Marker	<input type="checkbox"/> Of Marker

*Original Lot Owner _____
 *Purchaser _____ *Relationship _____
 *Phone _____ *Address _____
 *Section _____ *Lot # _____ *Grave(s) _____

MONUMENT BASE: Length _____ Width _____ Height _____
 above ground _____
 MONUMENT DIE: Length _____ Width _____
 Height _____

All markers must measure: 2 ft X 1 ft X 4 inches.
 MARKER: _____ MATERIAL _____
 FINISH _____ COLOR _____ CERTIFICATION _____

A marker or non-cruciform monument **must contain a cross** and **must not** be made of marble or limestone. Show measurements on all dimensions. Show all lettering, inscriptions, and detail work. If the marker is for remains, place a check mark HERE _____.
 FOUNDATION to be completed _____

SHOW SKETCH(ES) BELOW AND/OR OVER.

I/We understand and will comply with the rules in the Information booklet issued by St. Catherine Cemetery. I/We authorize all necessary work called for in this application as and when approved by the cemetery management.

CONTRACTOR, signed by _____
 PRINT NAME _____ DATE _____
 CEMETERY APPROVED BY _____
 PRINT NAME _____ DATE _____