ARBUTUS MEMORIAL PARK

OUTSIDE VENDOR MEMORIAL SPECIFICATIONS

NO UPRIGHT OR FLAT/SLANT GRANITE MARKERS ARE PERMITTED UNLESS IN A DESGNATED AREA SELECTED BY THE CEMETERY

FLAT BRONZE MEMORIAL SPECIFICATIONS:

24 X 12 OR 24 X 14 FOR 1 PERSON (SINGLE GRAVE)
16 X 24 FOR 2 PEOPLE (DOUBLE DEPTH BURIAL)
24 X 30 FOR 1, 2 OR 3 PEOPLE (SINGLE GRAVE)
44 X 14 FOR 2 PEOPLE (SIDE BY SIDE GRAVES)
56 X 16 FOR 2, 3 OR 4 PEOPLE (SIDE BY SIDE GRAVES)

ALL BRONZE MEMORIALS MUST BE INSTALLED ON A GRANITE BASE
ONLY 1 VASE UNIT PER SPACE
*WE NO LONGER ACCEPT COVERED CAMEO FRAMES**
CAMEO'S MUST BE STAINLESS STEEL FOR IN-GROUND MERCHANDISE...MEMORIAL, BENCH, ETC...
STAKE OUT FEE MUST BE PAID IN FULL PRIOR TO INSTALLATION
INFANT/BABY MEMORIALS SPECS ARE FURNISHED UPON REQUEST

GRANITE BENCH: MEMORIAL AND CREMATION SPECIFICATIONS:

CALL THE OFFICE FOR SPECIFIC SIZE REQUIREMENTS AS EACH SECTION OF THE CEMETERY HAS DIFFERENT SITE DIMENSIONS

*ALL BENCHES MUST BE INSTALLED ON A GRANITE BASE.

CREMATION BENCHES ARE ACCEPTED WITH INCLUDING UP TO 2 RIGHTS OF INURMENT ONLY THERE WILL BE A FEE FOR EACH ADDITIONAL RIGHT AFTER THAT MUST BE PAID TO THE CEMETERY*

THE BENCH RIGHT FEE AND STAKE OUT FEE MUST BE PAID IN FULL PRIOR TO INSTALLATION. THE BENCH RIGHT FEE MUST BE ON A PURCHASE AGREEMENT PROVIDED BY THE CEMETERY AND SIGNED BY THE PROPERTY OWNER AND OR NEXT OF KIN ***PLEASE CALL THE OFFICE FOR CURRENT BENCH RIGHT FEE***

We must have your current COI on file in order to perform installations on our Property. We require a memorial proof/sketch/rendering to be sent with the Authorization for Installation Memorial Form signed by the Property Owner and NOK. Once we receive the necessary paperwork we will review and send back to you with either Approved or Denied. Further information can be found in our Cemetery Rules and Regulation Booklet.

AUTHORIZATION FOR INSTALLATION OF MEMORIAL
(Purchased from 3rd party)

This is to advise of the purchase of a memorial to be installed at _____
Name of Cemetery

in _____ Section _____ Lot _____ Space

Purchased from: _____
Name of Memorial Dealer

_____
Address City State/Province Zip/Postal Code

_____ Telephone Number _____ Fax Number _____ Email Address _____ Company Representative

MEMORIAL DESCRIPTION

_____ Name on Memorial _____ Date of Birth _____ Date of Death

_____ Memorial _____ Memorial Material _____ Manufacturer

_____ Base Size _____ Base Materials _____ Type of Vase

Metallic contents of bronze alloy: _____% Copper _____% Tin _____% Lead _____% Zinc

Memorial Type: Design _____ Companion _____ Individual _____
Border _____ Letter Style _____

Number of scroll(s) to be furnished: with memorial _____ later _____

Memorial to be drilled and tapped for later addition of scroll Yes No

Emblems: Type _____ Size _____ Type _____ Size _____
Type _____ Size _____ Type _____ Size _____

Other information necessary for proper identification of memorial: _____

_____

_____

Layout: _____

_____

_____

The undersigned hereby represent(s) that he, she, or they, is or are the exclusive owner(s) of the Interment Rights described above, and hereby authorize(s) _____

_____ (Names of Installer) to install the above described memorial upon the Interment Rights described herein in accordance with the Rules and Regulations and requirements of the above-referenced Cemetery and agree to indemnify and hold harmless said Cemetery, its agents and employees, against any loss it may sustain in connection with the installation of the memorial authorized hereunder. It is understood that the Cemetery assumes no responsibility for the finish, lettering, accuracy of dates, or emblems, or the omission of same, quality or workmanship of the memorial. It is further understood that the Cemetery shall not be responsible for any error or defects in workmanship in connection with the installation of the memorial.

Each of the undersigned has read and understands the Cemetery's Rules and Regulations and requirements concerning installation of memorials and hereby acknowledges and agrees to the provisions contained therein. It is understood and agreed that should the memorial or installation thereof not comply in full with the Rules and Regulations and requirements of the Cemetery, the deviation shall be rectified to so comply or be removed from the Cemetery within three (3) days of such request.

_____ Interment Right Owner (Print Name) _____ Signature _____ Date

_____ Next of Kin (Print Name) _____ Signature _____ Date

_____ Memorial Purchaser (Print Name) _____ Signature _____ Date

_____ Authorized Cemetery Representative (Print Name) _____ Signature _____ Date