OUTSIDE MEMORIAL AUTHORIZATION

Date_____ Representative: _____

Dealer: _____ Telephone: _____

Address: _____ E-mail: _____

_____

Location: Section_____Lot_____Site_____ Name of Decedent (s) _____

Type of Memorial _____Marker _____Upright _____other _____

Size: Die _____x _____x _____ Finish: _____

Base _____x _____x _____

Material (ex. granite, marble, bronze): _____

Source of Material:_____ Color: _____

Inscription:

_____

_____

Type of Lettering (sandblast, panel, frosted outline, skin line, etc _____

Features (shape, design, unique aspects): _____

Diagram/Layout provided: _____(check) _____ (white not permitted)

Based on the information provided above, Rock Creek Cemetery is hereby authorized to allow installation of said memorial. I understand that Rock Creek Cemetery reserves the right to approve all memorials from outside dealers including aspects of material, design, and other features. I also understand that Rock Creek Cemetery will permit but does not suggest application of dark lithochrome to sandblast lettering and is not responsible for wear, chipping or re-application as necessary.

I understand that charges for monument foundations, marker installation and the Cemetery's Memorial Care Fund must be paid to Rock Creek Cemetery prior to placing the memorial. **The fees that are to be paid to Rock Creek Cemetery are $_____.** I certify that I have the authority and right to authorize the placing of this memorial and if it is found that I do have full rights to make this authorization, I agree to hold Rock Creek Cemetery and the Vestry of St. Paul's Episcopal Church, Rock Creek Parish harmless from any legal action for damages resulting from this authorization.

Fees to be paid to Rock Creek Cemetery

Monuments

- Care fund $.95 per sq. inch
- Foundation 100% of care fund
- Installation at additional cost

Markers

- Care fund $.95 per sq. inch
- Installation at additional cost

Signature: _____

Name (print): _____

Address: _____

_____

Telephone: _____

Relationship to Deceased:_____

Authorization Grant () Denied ( ) Cemetery Manager's Signature _____Date _____