

____ SET MONUMENT/MARKER
____ REPLACE MONUMENT/MARKER

HOLYHOOD CEMETERY
ST. JOSEPH CEMETERY
990 LaGrange Street
West Roxbury, MA 02132-2240
(617) 327-1010 Fax (617) 327-0526

DEED# _____
Foundation size _____

Date _____

The undersigned hereby gives permission to: _____ Monument Company
to work on _____ (Grave Location)

as described on the back of this order form and agrees the Holyhood Cemetery Association shall have the right to remove said monument or marker if it does not conform to the rules and regulations of the Cemetery or to the description as set forth on the back of this order.

Signed _____ Address _____

Owner or Legal Representative of Lot or Grave

Please print your name _____ Address _____

State relation to original lot owner _____

Monument set date _____

Setting verified by _____

(see other side)

For monument, headstone or marker, make a sketch showing design, material and complete sizes. Be sure to include inscribed grave or lot number on the base.

The undersigned hereby agrees to abide by the rules and regulations of the Holyhood Cemetery Association in completing the work described on this order and further agrees to be responsible for any damage which may be done by him or his employees at the cemetery: that the work will be completed exactly as described on this order and agrees to remove the monument or marker immediately if the actual monument or marker does not conform to the description on this order, or if it does not conform to the rules and regulations of Holyhood Cemetery Association.

Date Approved: _____

Approved by: _____

To be signed by Memorial dealer:

