



CATHOLIC CEMETERIES
St. John • Mt. St. Mary • Holy Cross
St. Charles / Resurrection

To _____ Cemetery

_____ Section/Division

_____ Range/Row

_____ Plot

_____ Grave No.(s)

_____ Registered Owner (Name on Certificate of Right of Burial)

I, the undersigned, am the _____ of the above-mentioned registered owner of Right of Burial to the grave(s) designated above.

I hereby request permission to () erect upright, () set flat marker, () add base, () inscribe memorial and/or other _____ on the above-mentioned grave(s).

That memorial is to be inscribed with the name of the following, who is interred in the grave(s):

_____, and who is a _____ of the owner.
(Name to be inscribed) (Relation to owner)

I confirm that the dates of birth and death are to be inscribed as follows:

_____ (Date of Birth)

_____ (Date of Death)

This inscription shall appear as () main name on die, () as an additional inscription.

IF THE REGISTERED OWNER IS INTERRED IN THE GRAVE(S) THE FOLLOWING MUST BE COMPLETED:

I have agreed to have the name of _____, the registered owner of Right of Burial also inscribed on said memorial.

Certificate of Right of Burial presented **YES** _____ **NO** _____.

I certify that I have a right to make this request and further agree to indemnify the CEMETERY AUTHORITIES against any and all claims arising from this action, and that this shall be binding upon me, my heirs, and assigns.

I further agree to assume full responsibility for the placement, and/or inscription of this memorial, and should any other blood-line heir/survivor of the registered owner request that said memorial or inscription be removed, that it shall be my responsibility, or that of my heirs and assigns to remove said memorial or inscription at no cost or responsibility to the Cemetery Authorities.

Print Name _____

Signature _____

Address _____

STATE OF _____)
)SS.:
COUNTY OF _____)

Sworn to before me this _____ day of _____, 20____

NOTARY PUBLIC