Hanover Memorial Park

CEMETERY

MEMORIAL INSCRIPTION / SANDBLASTING PROOF APPROVAL

Final authorization before engraving, sandblasting, laser etching, or other permanent inscription work

Purchaser / Family Representative:	
Deceased / Memorial Name:	
Memorial / Niche Location:	
Proof Date:	_____

FINAL PROOF TO BE APPROVED

Attach the final artwork/proof to this form. The attached proof is incorporated into this approval. The purchaser/family representative should review the proof carefully before signing.

CUSTOMER APPROVAL AND AUTHORIZATION

☐ I have reviewed the attached final proof in its entirety, including all names, spelling, dates, punctuation, wording, layout, symbols, artwork, and other inscription details.

☐ I confirm that the information shown on the attached proof is correct and is exactly what I authorize Hanover Memorial Park and its monument, engraving, sandblasting, or fabrication vendors to produce.

☐ I understand that inscription work is permanent and that, once work begins, correcting an item that appeared on the proof I approved may require replacement, refinishing, removal, reinstallation, or re-inscription of part or all of the memorial.

☐ If the completed work accurately matches the proof I approved, I accept responsibility for reasonable correction or replacement costs resulting from

an error that was visible on the approved proof, including related work reasonably necessary to restore other existing inscriptions affected by the correction.

☐ This approval does not apply to a production error in which the completed work does not match the proof I approved, or to damage caused by Hanover Memorial Park or its vendors that is unrelated to an error visible on the approved proof.

☐ I understand that Hanover Memorial Park may rely on this signed approval as final authorization to proceed.

PLEASE INITIAL EACH ITEM AFTER REVIEWING THE PROOF:

_____ Names and spelling

_____ Birth and death dates / other dates

_____ Punctuation, wording, and capitalization

_____ Layout, placement, symbols, artwork, and design

_____ I have compared the proof with the information I intended to provide and authorize production exactly as shown.

Purchaser / Family Representative Signature:	Date & Time: _____
Printed Name: _____	Phone / Email: _____
Hanover Memorial Park Representative:	Date & Time: _____

Office procedure: *Do not authorize permanent inscription work until the signed approval and the exact approved proof are saved together in the customer file. If the proof changes for any reason after signature.*