Cedar Grove Cemetery
MONUMENT AUTHORIZATION FORM

Monument Dealer: ___________________________  Phone Number: ___________________________
Contact Name: ___________________________  E-Mail: ___________________________

Cemetery: ___________________________  Phone: ___________________________
Lot Owner: ___________________________  Section: _____  Lot: _____  Grave(s): _____
Customer Name: ___________________________  Relationship to Lot Owner: ___________
Customer Phone: ___________________________  Customer E-Mail: ___________________________

Monument/Marker Information:

Material: ___________________________  Type (bevel, slant, etc.): ___________________________
Finish: ___________________________  Size: ___________________________
Type of Lettering: ___________________________
Inscription on FRONT to Read: ___________________________
Inscription on BACK to Read: ___________________________
Description of Design: ___________________________

ATTACH A DRAWING OF THE FRONT AND THE BACK OF THE MONUMENT

NOTE: Approval is not guaranteed. NO WORK should begin before written approval is received from Cedar Grove Cemetery.

Cedar Grove Cemetery Approval by: ___________________________  Date: ___________
Revisions Required per: ___________________________  Date: ___________

Please direct questions or completed forms to:
Cedar Grove Cemetery
Leon M. Glon, Manager
100 Cedar Grove Cottage
Notre Dame, IN  46556-5716
574.631.7646 or 574.631.5660