

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