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
428 Grace Hall
Notre Dame, IN  46553
574.631.7646 or 574.631.5660