

**ST. CATHERINE CEMETERY FORM SCC-001
APPLICATION FOR MEMORIAL WORK**

Please print all information

*Items are essential

CONTRACTOR _____

ADDRESS _____

PHONE _____ CELL _____ FAX _____

<u>ALTERATION</u> ____ On Monument ____ On Marker	<u>FOUNDATION*</u> (Concrete 42" deep) ____ For Monument ____ For Marker	<u>INSTALLATION</u> ____ Of Monument ____ Of Marker
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*ORIGINAL LOT OWNER _____

*PURCHASER _____

*PHONE _____ ADDRESS _____

*SECTION _____ *LOT# _____ *GRAVE(S) _____

MONUMENT BASE:

LENGTH _____ WIDTH _____ HEIGHT _____

Above ground _____

MONUMENT DIE:

LENGTH _____ WIDTH _____ HEIGHT _____

ALL MARKERS MUST MEASURE 2 feet X 1 foot X 4 inches

MARKER _____ MATERIAL _____

FINISH _____ COLOR _____ CERTIFICATION _____

A marker or non-cruciform monument must contain a cross and must not be made of marble or limestone. Show measurements on all dimensions. Show all lettering, inscriptions and detail work. Check here _____ if marker is for cremains.

*FOUNDATION to be completed by Rogers Memorial Studio, Enfield, CT.
SHOW SKETCH(ES) OTHER SIDE.

I/We understand and will comply with the rules in the information booklet issued by St. Catherine Cemetery. I/We authorize all necessary work called for in this application as/when approved by the Cemetery Management.

CONTRACTOR, Signed by _____

PRINT NAME _____

CEMETERY APPROVED BY _____

PRINT

NAME _____ DATE _____