

**ST. CATHERINE CEMETERY FORM SCC-003
APPLICATION FOR MONUMENT EMBLEMS**

Family Name on Monument_____

Requested by_____

*Lot Number_____ *Section_____

*Monument Size_____ *Number of Graves_____

Type of Emblem (Describe)_____

Material_____ Finish_____

Attach Image of Emblem

Contractor's Name_____

Address/Telephone_____

Manufacturer's Name_____

Address/Telephone_____

Emblem Size and Configuration_____

Major Dimension_____ Minor Dimension_____

Type of Attachment_____

Adhesive Yes_____ No_____ Adhesive Type_____

Purpose of Adhesive_____

Approved_____ Rejected_____

Contractor's Signature_____

Date_____

I understand and will comply with St. Catherine Cemetery Regulations except as defined by this application. No work shall begin before this application is approved by an authorized Cemetery Official.

Cemetery Official's Signature_____

Date_____

*For Cemetery Use