

Holyhood Cemetery

HOLYHOOD CEMETERY ASSOCIATION

St. Joseph Cemetery

990 Lagrange Street

West Roxbury, MA 02132-2240

(617) 327-1010 Fax (617) 327-0526

www.holyhood.com

_____ SET MONUMENT / MARKER

DEED # _____

_____ REPLACE MONUMENT / MARKER

FOUNDATION SIZE _____

(\$250 per sq ft, min of \$500)

DATE _____

The undersigned hereby gives permission to: _____ (Monument Company)

for work on _____ (Grave Location)

As described on this order form and agrees the Holyhood Cemetery Association shall have the right to remove said monument or marker if it does not conform to the rules and regulations of the Cemetery or to the description as set forth on this order.

Signed _____ Address _____
(Owner or Legal Representative of Lot or Grave)

Print Name _____ Address _____

State relation to original lot owner _____

For monument, headstone or marker, make a sketch showing design, material and complete dimensions. Be sure to include inscribed grave or lot number on the right side of base.

The undersigned hereby agrees to abide by the rules and regulations of the Holyhood Cemetery Association in completing the work described on this order and further agrees to be responsible for any damage which may be done by him or his employees at the cemetery: that the work will be completed exactly as described on this order and agrees to remove the monument or marker immediately if the actual monument or marker does not conform to the description on this order, or if it does not conform to the rules and regulations of Holyhood Cemetery Association.

To be signed by monument dealer: _____

Office use only:

Monument Set Date _____ Setting verified by _____