

ROSETOWN, ROSELAWN AND ROSEVIEW CEMETERY APPLICATION FOR CEMETERY PERMIT

Date: _____

NAME OF APPLICANT _____

ADDRESS _____

PHONE # _____ (HOME) _____ (WORK)

NAME OF INSTALLATION COMPANY OR INDIVIDUAL _____

ADDRESS _____

PHONE # _____

RE: LATE _____

GRAVE LOCATION: (CIRCLE ONE) ROSETOWN, ROSELAWN OR ROSEVIEW CEMETERY

MONUMENT TYPE

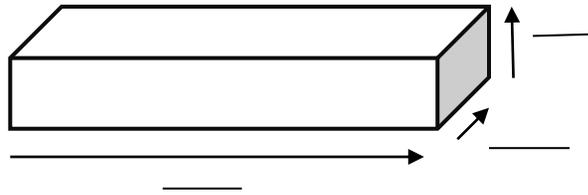
- Flat
 Pillow
 Upright
 Bronze

MONUMENT DIMENSIONS

(BRONZE OR CREMATION MARKER)



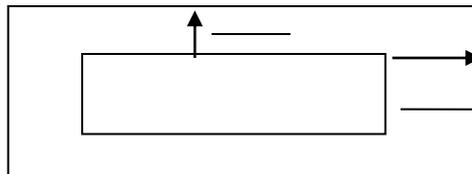
(FLAT OR UPRIGHT MARKER)



MONUMENT MATERIAL:

FOUNDATION MATERIAL:

FOUNDATION DIMENSION:



*concrete is not a permitted material

IS PROPOSED WORK TO MATCH AN EXISTING MONUMENT?
HAS PERMISSION OF RELATIVE BEEN GIVEN FOR THIS WORK?

SIGNATURE OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF APPLICANT

NOTE: An approved Cemetery Permit MUST be obtained BEFORE any work is performed at the Cemetery. Work done without approval is subject to removal.