



OUTSIDE MEMORIAL AUTHORIZATION

Date: _____ Representative: _____
 Dealer: _____ Telephone: _____
 Address: _____ E-mail: _____

Location: Section _____ Lot _____ Site _____ Name of Decedent (s) _____

Type of Memorial _____ Marker _____ Upright _____ other _____

Size: Die _____ x _____ x _____ Finish: _____
 Base _____ x _____ x _____

Material (ex. granite, marble, bronze): _____

Source of Material: _____ Color: _____

Inscription:

Type of Lettering (sandblast, panel, frosted outline, skin line, etc.) _____

Features (shape, design, unique aspects): _____

Diagram/Layout provided: _____ (check) _____ (white not permitted)

Based on the information provided above, Rock Creek Cemetery is hereby authorized to allow installation of said memorial. I understand that Rock Creek Cemetery reserves the right to approve all memorials from outside dealers including aspects of material, design, and other features. I also understand that Rock Creek Cemetery will permit but does not suggest application of dark lithochrome to sandblast lettering and is not responsible for wear, chipping or re-application as necessary.

I understand that charges for monument foundations, marker installation and the Cemetery's Memorial Care Fund must be paid to Rock Creek Cemetery prior to placing the memorial. **The fees that are to be paid to Rock Creek Cemetery are \$_____.** I certify that I have the authority and right to authorize the placing of this memorial and if it is found that I do have full rights to make this authorization, I agree to hold Rock Creek Cemetery and the Vestry of St. Paul's Episcopal Church, Rock Creek Parish harmless from any legal action for damages resulting from this authorization.

- Fees to be paid to Rock Creek Cemetery**
- Monuments**
 - Care fund \$.75 per sq. inch
 - Foundaton 100% of care fund
 - Installation at addiional cost
- Markers**
 - Care fund \$.40 per sq. inch
 - Installation at additional cost

Signature: _____
 Name (print): _____
 Address: _____

 Telephone: _____
 Relationship to Deceased: _____

Authorization Grant () Denied () Cemetery Manager's Signature _____ Date _____