



The Catholic Cemetery Association of the Archdiocese of Boston, Inc.

175 Broadway, Malden, MA 02148

Phone: 1.888.919.7926 Fax: 1.781.322.3809

APPLICATION FORM

Date: _____

CHECK ONE: Lettering Marker Foundation Other _____

MEMORIALIST: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CEMETERY: _____ CITY/TOWN _____

LOT OWNER: _____

LOCATION: Section _____ Path/Row/Range _____ Lot/Grave _____

To be prepared by the Memorialist
 Sketch of Memorial Showing all Dimensions;
 Size & Description of Symbols, Photo Medallions, & Lettering on all Surfaces.
 (Or Attach Drawing to Application)

Base Size Length _____ X Width _____ X Height _____ Die Size _____

FRONT	BACK
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The undersigned, who represents that he, she or they, is or are the sole and exclusive holder or holders of the right of burial in the grave/lot described herein hereby authorizes and requests the Manager of the above mentioned cemetery to permit the installation of the memorial describe above or related work as specified, and does hereby agree to all the terms, conditions and other provisions as set forth on this application and the regulations of The Catholic Cemetery Association of the Archdiocese of Boston, Inc., a copy of which the undersigned acknowledges having received.

PRINT NAME _____ RELATIONSHIP TO OWNER _____ ADDRESS _____ DATE _____

SIGNATURE _____ DATE _____ Please use back of form for additional signatures.

LOT HOLDER, HEIRS, AGENTS AGREEMENT – Application is hereby made for permission to place a monument or marker, or to perform certain lettering work described at the top of this application. Permission is also requested for the Memorialist to furnish the monument or marker, or perform the lettering work in accordance with the rules and regulations of The Catholic Cemetery Association of the Archdiocese of Boston, Inc. It is understood that all such work is subject to all the rules and regulations of The Catholic Cemetery Association of the Archdiocese of Boston, Inc. now in force or hereafter adopted. The signers of this application represent that he, she, or they, is or are the sole and exclusive holder or holders of the right of burial in the grave or lot described at the top of this agreement and hereby authorize and request the Manager of the cemetery to permit the placement of the monument or marker, or lettering work on the grave or lot, and does or do hereby agree to all the terms, conditions and other provisions set forth on this application. **This memorial is the sole property of the lot holder. The Catholic Cemetery Association of the Archdiocese of Boston, Inc. is not responsible for vandalism, theft or damage to this memorial. The lot owner is advised to obtain insurance coverage for vandalism, theft, or damage to this memorial.**

MEMORIALIST AGREEMENT - I certify that I have been authorized by the person making this application to prepare a monument, or marker, or perform certain lettering work as outlined at the top of this agreement. I certify that this monument or marker is made entirely of first-grade material and that the workmanship on said monument or marker will be of the highest standard. I hereby agree to abide by the rules and regulations of The Catholic Cemetery Association of the Archdiocese of Boston, Inc. now in force or hereafter adopted, and further agree that if the completed monument or marker does not comply with said rules and regulations, it will be removed by me within three business days of notification by the Cemetery Manager, without cost to The Catholic Cemetery Association of the Archdiocese of Boston Inc. or to the Lot Holder. The Memorialist or Agent further agrees to hold The Catholic Cemetery Association of the Archdiocese of Boston, Inc. and its Agents, free from any liability whatsoever for damage to the monument or marker before the setting of said monument or marker in the cemetery. I hereby agree to indemnify, defend and save harmless The Catholic Cemetery Association of the Archdiocese of Boston, Inc. and its Agents, upon, or from, any and all claims, demands or alleged causes of action arising by reason of the placement or lettering of said monument or marker. I hereby agree to pay for any damage to The Catholic Cemetery Association of the Archdiocese of Boston, Inc. property or other monuments or markers, during the transportation and or installation of this monument or marker. Acceptance of this monument or marker application by The Catholic Cemetery Association of the Archdiocese of Boston, Inc. is evidenced by the service fee payment receipt issued for the monument or marker service. All monument or marker or lettering applications must be submitted for approval prior to any work being started so that there is no question concerning the acceptance of such monument or marker or lettering. **All monument/marker applications must be submitted for approval prior to delivery. However, approval of the monument/marker is subject to inspection by The Catholic Cemetery Association of the Archdiocese of Boston, Inc. at the time of delivery.**

Memorialist Signature _____ Date _____