

MOUNT ARARAT CEMETERY

Founded 1928

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Farmingdale, NY 11735

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MEMORIAL PERMIT

Contract No. _____

Date: _____

I, _____ residing at _____

am the _____ of the late _____

, interred in Section: _____ ,Row: _____ ,Plot: _____ ,Grave: _____

The undersigned hereby makes application for permission to erect a memorial upon the plot above described. It is hereby understood that such memorial shall conform to the rules and regulations of the Cemetery.

Please check and complete one or more of the following:

[] *FOOTSTONE- Name of deceased: _____

[] FAMILY MONUMENT- Name(s) on monument: _____

[] INSCRIPTION- Name(s) being added: _____

Date

Signature

***Please complete the following release if the design(s) appearing on the FOOTSTONE is not Sandblast V-sunk.**

CARVED DESIGN RELEASE

I ACKNOWLEDGE that I am being advised against placing the following memorial on the above grave containing a carved design.

These carved designs are subject to chipping. Nevertheless, I insist that the memorial as described in the monument order be placed on the above grave. I agree to hold MOUNT ARARAT CEMETERY free and blameless of all responsibility and liability for any damage.

Please sign below and place a check in the box if you are applying for a carved design.

Date

Signature