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

100 Cummings Center Suite 422G Beverly, MA 01915

Phone: 781-322-6300 Fax: 1.978.327.3087

MEMORIAL PERMIT APPLICATION FORM

CHECK ONE:	Inscription	Marker	Foundation YARD USE	:	Other		
MONUMENT COMPA	NY:						
ADDRESS:		CIT	YSTA	TEZ	IP		
CEMETERY:	CITY/TOWN						
LOT OWNER:							
LOCATION: Section_		Path/Row/Range		Lot/Grave			
To be prepared by the Monument Company Sketch of Memorial Showing all Dimensions; Size & Description of Symbols, Photo Medallions, & Inscription on all Surfaces. (Or Attach Drawing to Application) Base Size Length X Width X Width X Height Die Size Length X Width							
Base Size Length	FRONT	X Height	Dre Size Length	X widthBAC			

LOT HOLDER, HEIRS, PURCHASING AGENTS' AGREEMENT – Application is hereby made for permission to place a monument or marker, or to perform certain inscription work described at the top of this application. Permission is also requested for the Monument Company to furnish the monument or marker, or perform the inscription 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. It is understood that all such work is subject to all the rules and regulations of the right of burial in the grave or lot described at the top of this agreement and hereby authorize and request the cemetery to permit the placement of the monument, marker, or inscription 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 monument is the sole property of the purchasing agent. The Catholic Cemetery of the Archdiocese of Boston, Inc. is not responsible for vandalism, theft, or damage to this monument. The purchasing agent is advised to obtain insurance coverage for vandalism, theft, or damage to this monument.

MONUMENT COMPANY AGREEMENT - I certify that I have been authorized by the person making this application to prepare a monument, or marker, or perform certain inscription 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 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, free from any liability whatsoever for damage to the monument or marker. Acceptance of the Station of the Archdiocese of Boston, Inc. and its Agents, up, or from, any and all claims, demands or alleged causes of action arising by reason of the placement or inscription 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 applications must be submitted for approved prior to adjust as the there is no question concerning the acceptance of such monument, marker, or inscription. All monument/marker applications must be submitted for approved prior to delivery. The monument/marker is subject to inspection by The Catholic Cemetery Association of the Archdiocese of Boston, Inc. at the time of delivery. PLEASE SIGN AND RETURN. THANK YOU

Signature to be signed	by owner or legal representative(s)	Date	Phone Number
Print Name	Relationship to Owner	Address	
Memorial Dealer			Office Use Only: Owner ID # Check # / Amount
	Signed by	Date	
CCA Employee	Signed when permit Issued	Date	-