



GRANITE MEMORIAL INSTALLATION AUTHORIZATION



This is to advise **HILLSIDE MEMORIAL PARK** that a memorial has been purchased from _____
Name of Memorial Vendor

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Email Address _____ Company Representative _____

The delivered memorial is to be set on _____
Block _____ Lot _____ Space _____

MEMORIAL DESCRIPTION

Memorial Type: Design _____ Companion _____ Individual _____
Border _____ Letter Style _____

Name on Memorial _____ Date of Birth _____ Date of Death _____

Any other information necessary to properly identifying the memorial: _____

The undersigned hereby represent(s) that he, she, or they, is or are the owner(s) of the Interment Rights described above, and hereby authorize(s) **Hillside Memorial Park** to install the above described memorial upon the Interment Rights described herein in accordance with the Rules and Regulations and requirements of the above-referenced Cemetery and agree to indemnify and hold harmless said Cemetery, its agent and employees, against any loss it may sustain in connection with the installation of the memorial authorized hereunder. It is understood that the Cemetery assumes no responsibility for the finish, lettering, accuracy of dates, or emblems, or the omission of same, quality or workmanship or the memorial. It is further understood that the Cemetery shall not be responsible for any error or defects in workmanship in connection with the installation of the memorial.

Each of the undersigned has read and understands the Cemetery's Rules and Regulations and requirements concerning installation of memorials and hereby acknowledges and agrees to the provision contained therein. It is understood and agreed that should the memorial be delivered and not comply in full with the Rules and Regulations and requirements of the Cemetery, the Cemetery shall in the same be held harmless, its agents and employees from any loss and damage to the memorial upon our advising said vendor of the memorial not meeting specifications.

Interment Right Owner (PRINT Name) _____ Signature _____ Phone Number _____ Date _____

Next of Kin (PRINT Name) _____ Signature _____ Phone Number _____ Date _____

Memorial Purchaser (PRINT Name) _____ Signature _____ Phone Number _____ Date _____

Authorized Cemetery Representative _____ Signature _____ Phone Number _____ Date _____

_____ Check here if there is an existing memorial set on the Interment sight described. Your signature on one of the options below will be the instructions followed by the Cemetery staff.

Please remove existing memorial and destroy. _____
Signature Signature

Please remove existing memorial and hold for a period of no more than 15 days after it has been removed. The removed memorial will be released to: _____, my _____.
Name Relationship

They can be contacted via phone at (_____) _____ - _____.

Should the memorial not be picked up after 15 days of responsible parties being notified, we understand and acknowledge the memorial will be destroyed. _____
Signature Signature