

Macedonia Cemetery Association

P.O. Box 22, Hockley, Texas 77447
macedonia_cemetery@hotmail.com

MONUMENT APPLICATION

Monument Dealer Information

Application Date: _____

Company Name: _____

Contact Person Name: _____

Company Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

Dimensions of Memorial

Marker Length: _____ Width: _____ Height: _____

Monument Base Length: _____ Width: _____ Thickness: _____

Photo/Image: Yes/No

Purchaser Information

Name(s) on Monument: _____

Plot Number(s) _____

Purchaser Name: _____

Address: _____

Phone: _____

Application Process

This application must be submitted for approval prior to installation to ensure that all cemetery regulations will be met and that location and burial matches the monument specifications. Dealer must notify of the date and time of installation to ensure proper marking of the gravesite.

Approval

Approved by: _____ Title: _____

Signature: _____ Date: _____