ST. MICHAEL CEMETERY

COMMUNITY MAUSOLEUMS • CREMATORY • GARDEN COLUMBARIUMS

500 Canterbury Street, Boston, MA 02131

Roslindale, MA 02131
Tel. (617) 524-1036
Fax (617) 522-4646

MEMORIAL PERMIT ORDER

☐ to set memorial* ☐ to cut inscription

☐ to attach vases ☐ to remove & reset memorial

Please use reverse side to describe memorial and inscriptions.

The undersigned hereby requests permission to have the above work performed on:

Section _____ Grave _____ Lot _____

Licensed to: _____
Name of Deed Owner

Please allow a permit to be issued to:

Monument Co. _____

Address _____

Employee/Sub Contractor _____

*Furthermore the undersigned hereby requests the Cemetery to prepare a foundation for the memorial described on the reverse side of this form.

Foundation Size _____Ft. _____In. X _____Ft. _____In.

In consideration of the foregoing, I (we) hereby agree to save harmless and indemnify the said St. Michael Cemetery, from and against all claims and demands in respect of said foundation — inscription and from and against all damages, losses, costs, charges and expenses which said Association may sustain, incur or be liable for, or in consequence of any such claim or demands, and will abide by the by-laws, rules and regulations of said Association which are now or may hereafter be in force and effect. And I (we) hereby certify under the penalties of perjury, that the statements herein are true and are made for the purpose of inducing said Association to act under this application.

Date _____

Proprietor _____ _____
to be signed by proprietor or legal representative(s) relationship to original owner

Address _____

Memorial Dealer _____ _____
Signed by Date

Employee/Sub Contractor _____ _____
Signed when permit issued Date