

# Application for Memorial/Monument Lettering

Catholic Cemeteries, Inc.  
2400 Lancaster Ave.  
Wilmington De 19805

Cathedral     All Saints     Gate of Heaven  
 Upright monument     Lawn level memorial

Name of deceased: \_\_\_\_\_

Location: \_\_\_\_\_ Date \_\_\_\_\_  
Section    Block or Plot/Side    Lot    Grave

Name of Applicant (Last, first, middle initial) \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Primary phone number \_\_\_\_\_ Other phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

### Type of Request

- Date of Death (Year)     Given name     Add panel  
 Date of Death mm/dd/yyyy     Family Name     Add inscription

Please describe lettering requested in detail as well as proposed location and layout of lettering. You may attach a schematic if required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent: \_\_\_\_\_ Memorialist: \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_

Signature of application: \_\_\_\_\_

Relationship to certificate holder: \_\_\_\_\_

The applicant above does hereby attest that he/she has the legal right to letter the above referenced existing memorial as listed in the detail above. Catholic Cemeteries, Inc. its successor or assigns are hereby released from any and all liability because of said authorization.

Lettering is authorized to proceed     Further information is required

**Application fee of \$40.00** is due and payable to Catholic Cemeteries, Inc. at the time this application is submitted. This authorization must be in the possession of the memorialist when performing lettering and sent to the cemetery when said lettering has been completed.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Cemetery Representative (Seal)