

**TOWNSHIP OF DAWSON CEMETERY
HEADSTONE CONTRACT**

Date: _____

Foundation No.: _____

**CONSENT OF INTERMENT RIGHTS
HOLDER:**

You are hereby authorized by the Interment Rights holder (or their authorized representative), of the Plot(s) described as _____ to prepare the foundation for a marker/monument as described below:

Name of Deceased:

Position of Grave: _____

Type of Stone: ___ Monument ___ Flat Marker ___ Slant ___ Cross ___ Foot Stone
___ Corner Stone No. of Stone: ___ Other _____

Design:

Size of Stone (in inches) Total Height _____ Base Length _____ Base Width _____

Material: ___ Granite ___ Marble ___ Bronze

Other _____

Memorial Company Name & Address:

Phone No.

Authorized Person Name & Address:

Phone No.

Comments:

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Payment:

Foundation No. _____

Foundation Preparation Fee:	\$
Marker Care and Maintenance Costs	_____
Total Paid	\$ _____
Date Paid _____	

Inscription on Stone:

Side 1 Front:

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Side 2 Back:

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Side 3 North:

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Side 4 South:

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Thereby accept responsibility for all charges pertaining to the installation of the marker/monument described above.

Signature: _____

Approved by Township of Dawson: Blue/Dilke Cemetery:

Signature: _____ Date: _____