

Fort Dodge Cemeteries Division
2201 North 15th Street, Fort Dodge, Iowa 50501

MEMORIAL APPLICATION

THIS APPLICATION IS TO ☐ Deliver A New Memorial ☐ Modify An Existing Memorial
- Each memorial or modification requires a separate application -

- For Cemetery Use Only -

Cert. of Ins. on File ☐ Yes ☐ No
Fees Paid \$ _____
Care Paid \$ _____
Paid by Cash ☐ Check No. _____
Date Work Performed _____

The undersigned Purchaser has given permission to the following memorial vendor to deliver a memorial to _____ (hereinafter referred to as "North Lawn") or to modify an existing memorial in _____

Memorial Vendor _____ Phone _____
Address _____ City _____ State _____ Zip _____

DESCRIPTION OF MEMORIAL OR WORK TO BE COMPLETED

Type: ☐ Companion ☐ Bronze
☐ Single ☐ Flush Granite
☐ Other ☐ Monument
☐ Bench
☐ _____

Duplicate

☐ Yes ☐ No
Name on memorial being duplicated

Manufacturer: _____

Design Name: _____ Design Number: _____

FLUSH MEMORIAL

Size _____ x _____ x _____ Vase ☐ Yes ☐ No Type _____
Foundation Size _____ x _____ x _____ ☐ Concrete
☐ Granite Type _____
Finish: Front _____ Back _____ Top _____ Ends _____

MONUMENT OR BENCH

Tablet _____ x _____ x _____ Type of Granite _____
Base _____ x _____ x _____ Family Name ☐ One Side ☐ Both Sides
Tablet Finish: Front _____ Back _____ Top _____ Ends _____
Base Finish: Wash _____ Sides & Ends _____ Margin _____
Other - Describe: _____

- For New Memorials -

Drawing of Memorial & Inscriptions

- For Existing Memorials -

Describe Work to be Completed (include drawing)

All information regarding type of lettering, dates, vase placement, emblems, etc., must be shown.

Memorial to be installed by: ☐ Cemetery ☐ Memorial Vendor ☐ Other

If Other: Name _____
Address _____
City _____ State _____ Phone _____

Name of Deceased(s) if any: _____

Name of Lot Owner(s): _____

Location of work to be performed: Section _____ Block _____ Lot _____ Grave(s) _____

Purchaser certifies he/she is the lot owner or next to kin, or has authorization from the lot owner or next to kin to order the memorial and/or work to be performed described herein and agrees to hold North Lawn harmless from all acts of any contractor that does work on his/her behalf.

Purchaser's Signature

Date

Purchaser's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Relationship of Purchaser To Deceased _____

ALL FEES AND MEMORIAL TRUST CONTRIBUTIONS ARE TO BE REMITTED WITH APPLICATION

If application is denied, all monies paid will be returned

North Lawn reserves the right to change fees at any time without notice but agrees not to increase fees if work is performed within 90 days of North Lawn's acceptance of this application. North Lawn reserves the right to prohibit installation of memorials from November 1 to April 15

THIS APPLICATION:

☐ IS APPROVED _____ Cemetery Representative _____ Date _____
☐ IS NOT APPROVED Reason: _____