

HARLEIGH CEMETERY & MAUSOLEUM

1640 Haddon Avenue, Camden, NJ 08103

Phone: (856) 963-3500

Fax: (856) 963-0889

AUTHORIZATION FOR MEMORIAL WORK & INSTALLATION

Permission To:

- Inscription Memorial Type : _____
- Set Memorial
- Remove Stone From Cemetery: _____ Name on Memorial : _____
- Other: _____

Location: _____

Person removing or working on Memorial

Signature

Memorial Design or Inscription to be placed on memorial (Describe the carving to be done, names, dates, symbols, etc.)

Monument Foundation: _____ X _____ = _____ inches

*All markers and monuments are accepted with the condition that the memorial is subject to final inspection by cemetery officials. If it does not fully comply with the Rules and Regulations of Rosemount Cemetery it may be rejected and must be removed from the lot by the monument company within three days upon request of Cemetery personnel.

*The person signing this permit must be the original owner of the lot, if living, or else a direct heir at law, and must accept responsibility for having the authority to place this memorial at the grave of the deceased.

X _____
Signature of Lot Owner/Heir at Law (Print Name)

Address _____ Phone Number _____

X _____
*Signature of Monument Dealer Company Name Phone Number

*Monument Dealers: The memorial to be set conforms to the Rules and Regulations of the Cemetery.

Cemetery Office Use Only

CEMETERY FEE \$ _____ **APPROVED BY:** _____ **DATE:** _____