

Village of Waverly, N. Y. Cemetery Memorial Warrant

Name of person completing this form: _____

Service Plaque : Please fill only section 1

1. Deceased details:

Name : _____ Date of death : ____ / ____ / ____

Cemetery: _____ Division _____

Block/ Row: _____ Plot _____

Burial _____ Ashes _____ Memorial/ Plaque only _____

2. Base and Memorial:

Base Material: _____

Dimensions: Height _____ Width _____ Depth _____

Memorial Material: _____

Dimensions: Height _____ Width _____ Depth _____

Method of securing memorial to base _____

3. Please submit drawing for reviewing

4. Contract details of person to install memorial

Name: _____ Phone Number: _____

Date to be installed: ____ / ____ / ____

5. Contract details of person to maintain the memorial

Name; _____ Phone Number _____

Address: _____

Signature: _____ Date ____ / ____ / ____

Office Use Only

Date Received _____

Approved by _____

Date Foundation Installed _____

Fee _____

Dealers Approval Copy

/ **Approved by** _____

Date _____

Lot _____ **Div.** _____ **Row** _____ **Section** _____

Memorial / Headstone :

Name _____

Note : Dealer Is Responsible For Obtaining This Copy Prior To Delivering Any Memorial / Headstone or Installing any Foundation