

Date _____
Paid _____
Check # _____
Cemetery Use Only

FAIR LAWN MEMORIAL CEMETERY & MAUSOLEUM
MAPLE AVENUE
FAIR LAWN, NEW JERSEY 07410
201-796-1485

Form 2016-6

Date ____/____/____

FOUNDATION ORDER APPLICATION

Deceased Information:

Name of Deceased _____

Date of Burial ____/____/____

Please check boxes which apply:

- | | |
|--|---|
| <input type="checkbox"/> Inscription | <input type="checkbox"/> Slant 2' x 1' x 18" |
| <input type="checkbox"/> Bronze 24" x 12" | <input type="checkbox"/> Separate Vase Unit - Bronze Only |
| <input type="checkbox"/> Bronze 24" x 14" | <input type="checkbox"/> Monument 2' x 1' x 38" |
| <input type="checkbox"/> Granite 24" x 12" | <input type="checkbox"/> Monument |
| <input type="checkbox"/> Granite 24" x 14" | <input type="checkbox"/> Baby Site 16" x 10" - Bronze or Granite |
| <input type="checkbox"/> Photo | <input type="checkbox"/> Child Site 24" x 12" - Bronze or Granite |

Monument Co: _____

Address: _____

Town: _____

Phone: _____

Email: _____

Name of Burial Site Owner:

Print _____

Signature _____

Important Notes:

Must file this application in DUPLICATE along with Permit Fee.
If you include your Email address, you do not have to file in duplicate.
Application is available at www.fairlawnmemorialcemetery.com
Photo permit must be accompanied with Cemetery Disclaimer Form.
Single name setup must have signed note from Burial Site Owner.
No base with flush/slant marker.
Need Government written consent to remove Government Marker.
Markers cannot be removed from Burial Site for cleaning/refinishing.

**** If replacing existing marker,** Site Owner is responsible to discard old marker or Cemetery will destroy after 20 days.
Signature _____

**Inscription and Marker deliveries CHECK IN AT OFFICE
9:00 a.m. - 2:30 p.m., Monday thru Friday
You must present a copy of this approved application.**

**Place below Design, Dimensions, and indicate Burial Site #'s in lower right hand corner of Design.
If you do not have Site #'s, please indicate location on sketch. DO NOT CALL CEMETERY as Site #'s not given over phone.
Burial Site #'s and Approved Form will be returned to Monument Dealer.**

Section _____ Block _____ Lot _____ Site # _____

Cemetery Signature Approved by _____ Date ____/____/____