

Date \_\_\_\_\_  
Paid \_\_\_\_\_  
Check # \_\_\_\_\_  
Cemetery Use Only

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

Form 10-2025

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FOUNDATION ORDER APPLICATION

**Deceased Information:**

Name of Deceased \_\_\_\_\_

Date of Burial \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please check boxes which apply:*

- |   |   |
|---|---|
| <input type="checkbox"/> Inscription <b>\$125</b>       | <input type="checkbox"/> Slant 2' x 1' x 18" <b>\$550</b>                   |
| <input type="checkbox"/> Bronze 24" x 12" <b>\$550</b>  | <input type="checkbox"/> Separate Vase Unit, Bronze Only <b>\$195</b>       |
| <input type="checkbox"/> Bronze 24" x 14" <b>\$600</b>  | <input type="checkbox"/> Monument 2' x 1' x 38" <b>\$550</b>                |
| <input type="checkbox"/> Granite 24" x 12" <b>\$550</b> | <input type="checkbox"/> Baby Site 16" x 10" - Bronze/Granite <b>\$350</b>  |
| <input type="checkbox"/> Granite 24" x 14" <b>\$600</b> | <input type="checkbox"/> Child Site 24" x 12" - Bronze/Granite <b>\$550</b> |

Monument Co: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**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](http://www.fairlawnmemorialcemetery.com)  
Photo permit must be accompanied with Cemetery Disclaimer Form.  
Single name setup, have owner write "Single Name" and sign.  
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 \_\_\_\_/\_\_\_\_/\_\_\_\_