DIOCESE OF ALLENTOWN
DIOCESAN CEMETERIES

FOUNDATION ORDER / PERMIT

Cemetery: Resurrection — Fax: 610-366-3713 | Holy Saviour — Fax: 610--866-9277

Company: _____

Lot Owner Name(s): _____

SECTION_____ RANGE_____ LOT(s)_____ GRAVE(s)_____

Foundation Size in Inches _____ X _____
(Sample: 38" X 14" = 532)

Quote Price by sq. inch for Requested Installation Date $_____

Total sq. inch _____ X $_____ = $_____

The foundation will be installed within _____days after receipt of your check. Weather may cause delays in which you will be notified by phone of the revision.

Permit Fee $_____ Monument Dealer or Contractor will install the foundation.

_____ _____
Signature of Lot Holder ***Address***

- OR -

_____ _____
Signature of Heir ***Address***

(The afore-mentioned work will not be performed without the Owner's or Heir's authorization.)

Note: All insurance must be up to date and filed with the Diocesan Office. Also, any outside contractors and monument dealer employees must be covered under Workers' Compensation.

APPROVED BY:_____ **DATE:**_____
Superintendent or His Delegate