

**DIOCESE OF ALLENTOWN  
DIOCESAN CEMETERIES**

**AUTHORIZATION FOR MEMORIAL WORK**

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

**Work Requested:**

Carve Inscription       Remove Stone from Cemetery       Clean Monument

Other \_\_\_\_\_

**Company:** \_\_\_\_\_

**Lot Owner Name(s):** \_\_\_\_\_

**Name of Deceased:** \_\_\_\_\_

SECTION \_\_\_\_\_ RANGE \_\_\_\_\_ LOT(s) \_\_\_\_\_ GRAVE(s) \_\_\_\_\_

**Inscription** to be Placed on Memorial (Describe the carving to be done including names, dates, symbols, etc.):

**Inscription Permit Fee:**      \$ \_\_\_\_\_

\_\_\_\_\_  
*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*