Confederate Cemetery Association Alvin, Texas Application for Headstone and Foundation Setting

Date:	Applican	t/Lot Owner Na	ame:		
Name of Deceased:			Date of Death:		
Burial Location:	Section: Lot:		Space(s):		
Contact Info Applio *Please provide daytime,					
	Monun	nent Com	pany Certification		
Monument Company:			Sales Person:		
Address:		Da	ytime #:		
		Em	nail Address:		
Liability Insurance	Company:				
Policy #:	cy #:Policy Amount:		Phone #:		
providing professional ser	vices on the grounds of the	cemetery. It is herel	iability/per occurence must be provided by noted and agreed that this policy shal foundation or setting work.		
		Required I	nformation		
*Please check one: Flat Marker:S	Single Upright Moni	ument: Do	ouble Upright Monument:	Slant or Bevel:	
foundation (heigh	t, length, width, w	/eight, materia	nents of all aspects of the r al). Must include sizing of al out a sketch will not be con	ll designs, lettering,	
within the cemeter	ry. By signing belov	v, you acknowl	all Rules and Regulations reg edge that you have been pro onfederate Cemetery Associ	vided and agree with the	
Applicant/Lot Own	er Signature:				
Monument Compa	nny/Sales Person Si	ignature:			
Inspected by:	ncluded:luded:	Ver Oth	wing of Foundation Included: ification of Insurance Completed: ner Notes:	·	

^{*}PLEASE NOTE THAT APPROVALS ARE ONLY VALID FOR 6 MONTHS. A FEE TO REPROCESS MAY APPLY.