

# Smith Memorial Park

10129 FM 1097 W

Willis, Texas 77318

Phone 936-890-0454 Fax 936-890-6125

## Memorialization Outside Dealer Application

Lot Owner \_\_\_\_\_

The memorial will be set on Section \_\_\_\_\_ Lot \_\_\_\_\_ Space(s) \_\_\_\_\_

Each Space is 4'x10'

4	3	2	1
8	7	6	5

Smith Memorial Park  
Section A,C,D memorials are placed at head of space  
Section B memorials are placed at foot of space  
  
Section A, D memorials may be upright or flat  
Section B, C memorials can only be flat  
  
Setting Fee is 50 cents per square inch of base

### Material (check one)

\_\_\_\_ Bronze  
\_\_\_\_ Granite  
\_\_\_\_ Other (specify) \_\_\_\_\_

### Upright Memorial

Tablet size \_\_\_\_\_x\_\_\_\_\_x\_\_\_\_\_  
Base size \_\_\_\_\_x\_\_\_\_\_x\_\_\_\_\_  
Color \_\_\_\_\_  
Vase(s) \_\_\_\_\_

### Flat Memorial

Size \_\_\_\_\_x\_\_\_\_\_x\_\_\_\_\_  
Base \_\_\_\_\_x\_\_\_\_\_x\_\_\_\_\_  
Base color \_\_\_\_\_  
Vase(s) \_\_\_\_\_

We, the undersigned, hereby agree that this application must be submitted and approved by the cemetery office before setting. Failure to do so releases the cemetery from any responsibility for not setting the memorial for any reason.

We, the LOT OWNER, PURCHASER of MEMORIAL, and DEALER guarantee the memorial herein described shall comply with the Rules and Regulations of the Cemetery covering memorial work.

\_\_\_\_\_  
**Signature of Purchaser**

\_\_\_\_\_  
**Signature of LOT OWNER** (if owner deceased,  
legal heir and relationship)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
**Memorial Company Name**

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Contact Person

**Please submit a drawing of the  
memorial with this form.**

Date Request Received \_\_\_\_\_

Setting Fee \$\_\_\_\_\_ made payable to Smith Memorial Park - **MUST BE SUBMITTED BEFORE  
SETTING**

\_\_\_\_\_  
Authorized Cemetery Official Signature

\_\_\_\_\_  
Date approved