

Application for a Memorial Permit  
City of Elberton Municipal Cemeteries

**\*\*\* WARNING \*\*\* WARNING \*\*\* WARNING \*\*\* WARNING \*\*\* WARNING \*\*\* WARNING \*\*\* WARNING \*\*\***  
 You are strongly advised to **NOT PURCHASE** a memorial until your permit is approved in writing. Maximum size restrictions and other rules may be obtained at [www.elbertoncemeteries.com](http://www.elbertoncemeteries.com) or by request at our office.

Applicant Information	
Name	Phone Number
Mailing Address	
Company Name, if applicable	Email Address

Cemetery Lot Information			
Cemetery	Section/Addition	Lot Number	Grave No.
Lot Owner/Owner of Interment Rights			
Address for Owner of Interment Rights			
Phone Number of Owner	Family Name on Existing Monument, if any present		
Description of the Location of the Memorial to be Placed (e.g. foot/head of deceased, center of family plot, corner markers, etc.)			

Specifications of the Memorial to be Placed	
Trade Name of Material to be Used	Name of Quarrier and Manufacturer
Description of the Memorial (e.g. monument, head or foot marker)	
Inscriptions and Family Name	
Described any ornamentation other than the stone work	
Planned Maximum Length, Width, and Height of the Memorial (include the base or any part above grade of ground)	
Type of Foundation to be used below grade (e.g. poured concrete, stone), and Length, Width, and Thickness of Foundation	
Total Front Face Area (in square feet)	Planned Date of Installation
<b>REQUIRED: ATTACH A SCALE DRAWING OR BLUEPRINT OF THE PROPOSED MEMORIAL, SHOWING SIZE, TYPE, AND LOCATION OF ALL LETTERING AND CARVING, AND SHOWING THE SIZE OF EACH MEMORIAL COMPONENT INCLUDING THE BASE, DYES, TABLETS, OR OTHER PARTS.</b>	

Required Certification	
I certify that this memorial is free from sap, foreign substance or flaws which will cause stains, discoloration, checks, or cracks; provided, however, that artificial coloring may be utilized in the lettering or design of a memorial.	
I certify that I am authorized to apply for a Memorial Permit by the owner or agent of the Cemetery Lot herein described. I also understand that no monument, marker, or memorial may be placed without an approved Memorial Permit, that all memorials require a suitable foundation, that there are several and various rules and regulations governing the placement of memorials, and that no work may be done without a Memorial Permit. I understand that all on-site installation will only be done during normal business hours, Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding official city holidays. I understand the city reserves the right to refuse or prohibit the erection of, as well as to remove, any marker, monument or mausoleum erected, if, in its sole judgment of the city, such memorial is not in compliance with the intent of the rules and regulations of the cemeteries.	
Signature of the Applicant	Date