

OWNER'S AUTHORIZATION ORDER FOR INSTALLING MEMORIAL TABLET

Olivewood Memorial Park
 3300 Central Avenue
 Riverside, CA 92506
 Office: 951.683.6611 Fax: 951.683.0110
www.olivewoodcem.com

Date : _____

You are hereby authorized to set a marker/memorial table furnished by:

(Name of company delivering headstone or Name of person authorized to purchase headstone)

On the grave of: _____
 (Name on marker **must** match name on burial permit)

Regulation
 Size: _____ X _____ Grave Location: _____

I hereby certify that I am the owner of the property in which the above named deceased is interred, or that I have the permission of the lot owner to order this installation. It is understood that this marker is to be made according to your regulations and that the marker set fee will be paid prior to delivery/acceptance of the marker.

X _____
 Signature of Lot Owner

 Print Name

 Address

 Email

 City State Zip

<i>If Applicable:</i> _____ Keep old marker _____ Destroy old marker _____

 Phone

		Setting Fee:	
		<i>Granite</i>	<i>Bronze</i>
Baby Grave:	12 x 6 Straight Cut or 16 x 10 LMP & 2" Bevel	\$430.00	
Cremation Garden:	20 x 10 Straight Cut	\$415.00	
Adult Grave:	24 x 12 Straight Cut	\$480.00	\$580.00
Adult Grave:	28 x 16 LMP or w/2" Bevel or 30 x 18 w/3" Bevel	\$455.00	
Companion Side x Side:	36 x 14 Straight Cut or 40 x 18 LMP or w/2" Bevel or 42 x 20 w/3" Bevel	\$585.00	\$695.00

Specifications:

- **Granite **MUST** be 3" thick
- **Bevel surface face **MUST** equal Straight Cut size
- **Name/Dates on marker **MUST** match name/dates as shown on the *Permit for Disposition of Human Remains* (Burial Permit) issued by the Dept. of Public Health.
- **Memorial tablets **NOT** meeting above size regulations/specifications will be refused