

**TOWNSHIP OF LAKE OF THE WOOD CEMETERY
HEADSTONE CONTRACT**

Date: _____

Foundation No.: _____

Consent of Interment Rights Holder:

You are hereby authorized by the Interment Rights holder (or their authorized representative), of the Plot(s) described as _____ to prepare the foundation for a marker/monument as described below:

Name of Deceased:

Position of Grave: _____

Type of Stone: Monument Flat Marker Slant Cross Foot Stone
 Corner Stone No. of Stone: _____ Other _____

Design:

Size of Stone (in inches) Total Height _____ Base Length _____ Base Width _____

Material: Granite Marble Bronze

Other _____

Memorial Company Name & Address:

Phone No.

Authorized Person Name & Address:

Phone No.

Comments:

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Payment:

Foundation No. _____

Foundation Preparation Fee:	\$ _____
Marker Care and Maintenance Costs	_____
Total Paid	\$ _____
Date Paid _____	

Inscription on Stone:

Side 1 Front:

Side 2 Back:

Side 3 North:

Side 4 South:

I hereby accept responsibility for all charges pertaining to the installation of the marker/monument described above.

Signature: _____

Approved by Township of Lake of the Woods Bergland/Morson Cemetery:

Signature: _____ Date: _____