



**Catholic Cemeteries Association
Dealer Inscription Application
10000 Miles Ave. P.O. Box 605310 Cleveland, Ohio 44105
www.clevelandcatholiccemeteries.org**

Cemetery: _____ Date: _____
 Name: _____ Invoice Number: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____ Certificate of Ownership #: _____
 Section: _____ Lot: _____ Grave: _____ Funeral Director: _____

Style of Memorial (Check One): Flush Pillow Slant Monument Size _____

_____ **Family Name on Memorial**
 _____ **First Name of Individual now on memorial (if applicable)**

If more than one space exists, specify exact location of proposed inscription including front or back of memorial. Catholic Cemeteries Association (hereinafter CCA) does not assume liability for inscription location on memorial.

Inscription Placement as Facing Memorial

The undersigned being the owner of the Place of Interment by **Purchase or** **Inheritance** hereby gives consent for the inscription of the memorial identified herein on the Place of Interment identified above. The undersigned further acknowledges that he/she has received a copy of the Rules and Regulations of the Catholic Cemeteries Association Diocese of Cleveland and agrees that the inscription will comply with the requirements of and be subject to the Rules and Regulations. Full payment of all amounts due for the Place(s) of Interment and all services must be made prior to the inscription being approved and/or completed.

Lot Owner Acceptance and Approval _____ **Date** _____

Print Name _____

The undersigned Monument Dealer acknowledges and agrees that the inscription made pursuant to this Dealer Inscription Application shall comply with and be subject to the Rules & Regulations of the CCA. The undersigned agrees that any inscription may be rejected by the CCA for failure to comply with the Rules and Regulations. Monument Dealers may be required to remove and replace the memorial at the Monument Dealer's sole cost and expense. Monument Dealer accepts full responsibility for the payment of all amounts due for the Place(s) of Interment and all services if the inscription is completed without cemetery approval.

Monument Dealer _____ **Signature** _____

Date _____

Remarks _____

ALL ORDERS ARE SUBJECT TO CCA APPROVAL
PLEASE PRINT & MAIL TWO (2) COPIES THE APPROPRIATE CEMETERY

Cemetery Approval _____ Date _____ *Valid for one (1) year*