



City of Richmond
Department of Parks, Recreation and Community Facilities
Cemeteries Operations Division
 1401 S. Randolph Street, Richmond, VA 23220
 (804) 646-1402

APPLICATION FOR MEMORIAL FOUNDATION

DATE: _____

To: Cemeteries Operations Division Manager
City of Richmond, VA

You are hereby authorized and requested to permit: _____ In accordance with
(Memorial Dealer)

And subject to your rules, policies and regulations, to set a memorial approved by the City of Richmond on the following lot:

Lot No. _____ Section or Plat No. _____

Division No. _____, located in:

- | | |
|---|--|
| <input type="checkbox"/> Riverview Cemetery | <input type="checkbox"/> Oakwood Cemetery |
| <input type="checkbox"/> Maury/Mt. Olivet Cemetery | <input type="checkbox"/> Other _____ |

Said Memorial will be constructed from:

- | | |
|---|--|
| <input type="checkbox"/> Granite | <input type="checkbox"/> Marble |
| <input type="checkbox"/> Other _____ | _____ |

Location of Stone on lot

Size of base (inches) _____

Charges: _____ to be paid in advance upon receipt of application.

Memorial Dealer: _____ Phone No. _____

Payment for the above work Guaranteed By: _____
 Authorized Representative

I/We hereby agree to hold the City of Richmond free and harmless from any liability that may result from the erection of said Memorial.

Lot Owner (s) _____
Address(s) _____ **Zip:** _____
Phone: (____) _____

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____ DATE COMPLETED: _____

OWNER'S NAME: _____

PLOT BOOK No. _____ PAGE: _____

CEMETERY ADMINSTRATOR: _____