

ALL MARKERS AND MONUMENTS MUST BE MADE OF GRANITE
 AND MATCH EXISTING MARKERS AND MONUMENTS IN THE SAME LOT
 (EXCEPT WHERE BRONZE PLAQUES ARE REQUIRED).
 PLEASE INDICATE COLOR, LENGTH, WIDTH, HEIGHT AND FINISH ON BACK.
 PLEASE SKETCH DESIGN BELOW.

SEC.	LOT	UNIT/ROW	GR.
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To the Trustees of:

LAUREL MEMORIAL PARK, INC.

ENGLISH CREEK ROAD

Egg Harbor Township

Atlantic County, NJ

OFFICE

112 S. OXFORD AVENUE #804 • VENTNOR, NEW JERSEY 08406

Phone: (609) 641-9311

Please allow _____
 (Here insert name of contractor)

 (Here insert address of contractor or employer)

to _____
 (Here denominate specifically the work to be done)

in Lot No. _____ Sec. _____ Unit/Row _____ Gr. # _____

owned or represented by me, in accordance with the Rules and Regulations of the Cemetery.

DO NOT DETACH THIS SHEET

 (Print Name)

 (Signature of Lot Holder)

 (Address)

Date _____

Must be properly signed and mailed to the Office of the Cemetery
 before work is commenced.

(SEE RULES ON THE BACK)