**AUTHORIZATION FOR BRONZE MEMORIAL AND INSTALLATION**

**Name of Cemetery:** National Memorial Park **Section**       **Lot No.**       **Grave No**.

**Address:** 7482 Lee Highway, Falls Church, VA 22042-1725

**Phone:** (703) 560-4400 **Fax:** (703) 289-4735

**BRONZE MEMORIAL DESCRIPTION:**

**Design Name:**        **Manufacturer:**

**Type:**  Individual  Companion **Size of Bronze Marker:**

**Number of Scrolls:**       **Memorial Drilled & Tapped for Future Scrolls?:** Yes  No

**Size of Granite Base:**        **Type of Granite:**

**Name on Marker:**

**Dates of Birth:**        **Date of Death:**

**NOTE:** *Lot & Block Numbers are Required To Be On the Lower Right Corner Of The Marker.*

**METALLIC CONTENT OF BRONZE ALLOY:**

1) **Copper:**      % (2) **Tin:**      % (3) **Lead:**      % (4) **Zinc:**       (5) **Other:**      %

**NOTE:** *It is necessary to fill out the Metallic Content of Bronze Alloy if the bronze memorial was Manufactured by Matthew’s Bronze.*

*The undersigned hereby represents that he, she or they is or are the exclusive Owner (s) of the interment rights described above, and hereby authorize* **Eastern Memorials, LLC** *(Name of Installer) to herein install said memorial in accordance with the rules, regulations and requirements of the Cemetery. Furthermore, the undersigned agree to indemnify and hold harmless said Cemetery, its agents and employees, against any loss it may sustain in connection with the installation of the memorial authorized hereunder.*

*It is understood that the Cemetery assumes no responsibility for the quality of workmanship of said memorial. Each of the undersigned has read and understands the Cemetery’s rules and regulations and requirements concerning installation of memorials and hereby acknowledges and agrees to the provisions contained therein. It is further understood and agreed that should the memorial or the installation thereof not fully comply with the rules, regulations and requirements of the Cemetery, the deviation shall be corrected to so comply or be removed from the Cemetery within five (5) days of such request.*

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|  |  |  |  |  |
| **Print Name of Authorizing Party** |  | **Signature** |  | **Date Signed** |
|  |  |  |  |  |
| **Print Name of Authorizing Party** |  | **Signature** |  | **Date Signed** |

**ATTENTION VENDOR**

*Please include your check for the inspection and installation fee with the Authorization for Memorial Installation and Acknowledgement and Voluntary Waivers of Liability. This paperwork will not be processed without the Inspection and Installation Fee.*