**AUTHORIZATION FOR MEMORIAL INSTALLATION**

This is to advise the purchase of a memorial to be installed in

**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

**PURCHASED FROM:**

**Name of Company:** **Eastern Memorials, LLC**

**Contact Person:** Kevin Roustazad or Sarah Walter

**Address:** 8790 Centreville Rd., Manassas, VA 20110

**Phone:** 703.393.0999 **Fax:** 703.393.1998 **Email:** [info@EasternMemorials.com](mailto:info@EasternMemorials.com)

**DESCRIPTION OF MEMORIAL:**

**Material:**        **Type:**  Individual  Companion

**Die Size:**         **Vase Size:**

**Base Size:**

**Name on Memorial:**

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

*The undersign hereby represents that he or she is, or they 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 agrees 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 pr workmanship of said material. Each of the undersigned has read and understands the Cemetery’s rules, regulations and requirements concerning installation of memorials and hereby acknowledges and agrees to the provisions contained herein. 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.*