

Cambridge Cemetery

76 Coolidge Avenue
Cambridge
Massachusetts 02138
617-349-4890 (tel)
617-349-4855 (fax)

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All Foundations must be paid for before monument is set.

To the Superintendent
Cambridge Cemetery
76 Coolidge Avenue
Cambridge, MA 02138

____ Pour Foundation ____ Cut Inscription
____ Set Monument ____ Remove & Reset

The Undersigned Hereby request permission to have the above work performed.

Lot No. _____
Grave No. _____

Range No. _____
Location _____

Build a Foundation, Size _____
and allow _____ to set
(Monument Dealer)

Monument thereon. For which I will be responsible. Proprietor _____
(PLEASE PRINT NAME)

Address _____

Signature _____
(or signed by His/Her legal representative)

MONUMENT LIMITS

1 GRAVE 2.6 x 1 x 3 FT HIGH	3 GRAVES 4 x 1.6 x 3 FT HIGH
2 GRAVES 3.6 x 1 x 3 FT HIGH	4 GRAVES 4.6 x 1.8 x 3 FT HIGH

PLEASE USE REVERSE SIDE TO DESCRIBE MEMORIAL AND INSCRIPTION
GRAVE/LOT NO. TO BE CUT ON BASE OF MONUMENT

CAMBRIDGE
DEPARTMENT
OF PUBLIC
**THE
WORKS**

