Town of Norwell Cemetery

345 Main Street, Norwell, Massachusetts 02061
Phone: 781-659-8009 Fax: 781-659-0473
NorwellCemetery@TownofNorwell.net

Application for Memorialization/Inscription

Date: _____

Amount: _____

Approved by: _____

Date: _____

Application should be submitted for approval to the Cemetery Liaison prior to any work being started so there is no question concerning the acceptance of the proposed memorial. Acceptance of this application and of the initial payment does not constitute complete approval. The application is accepted with the condition that the memorial or marker is subject to a final inspection to ensure it is in compliance with all cemetery rules and regulations and with the specifications that were originally submitted. A current Price Sheet is available through the Cemetery Liaison, and checks may be payable to the Town of Norwell and should be included with this application.

Check One: ❑ Inscription ❑ Flat Marker ❑ Upright ❑ Other _____

Cemetery: ❑ Washington ❑ Stetson Meadows **Section:** ____ Lot No.: ____ Grave No.: ____

Owner of Deed: _____ **Stone Placement:** _____

The undersigned, who represents that he, she, or they is or are the sole and exclusive holder or holders of the right of burial in the grave/lot described herein, hereby authorizes and requests the Town of Norwell to install the memorial described below or related work as specified, and does hereby agree to all the terms, conditions, and other provisions as set forth on this application and the regulations of the Town of Norwell Cemetery Committee, a copy of which the undersigned has received.

Memorial Dealer		Heir/Legal Representative	
Name:		Name: (Print)	
Address:		Signature:	
Phone/FAX:		Address:	
Email:		Relationship to lot owner:	

Name of Deceased: _____ Date of Death: _____

To be prepared by the Memorialist only.

Sketch of Memorial showing all dimensions; size and description of symbols, photo medallions, and lettering on all surfaces (or attach drawing to application).

Base Size: Length_____ **X** Width_____ **X** Height_____ **Die Size:** _____

FRONT | **BACK**

Approved/Denied: _____ **Date:** _____

Call 339-613-7198 the day of delivery

Rev. 10/10/19