

# Ellington Cemetery Association

Memorial Permit Application  
2016

Date \_\_\_\_\_

Monument Company \_\_\_\_\_

Phone # \_\_\_\_\_

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Lot Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

\_\_\_\_\_ Section \_\_\_\_\_ Lot Number \_\_\_\_\_

Phone # \_\_\_\_\_

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Stone Material \_\_\_\_\_ Stone Color \_\_\_\_\_

Size of Base \_\_\_\_\_ L x \_\_\_\_\_ W x \_\_\_\_\_ H

Size of Stone \_\_\_\_\_ L x \_\_\_\_\_ W x \_\_\_\_\_ H Foundation Fee \$ \_\_\_\_\_

Check one:  Flat/Flush  Hickey  Pillow/Slant  Upright

Check one:  Headstone  Footstone

Sketch of Stone and Base

Foundation \_\_\_\_\_ L x \_\_\_\_\_ W x \_\_\_\_\_ H \_\_\_\_\_ inches below grade

Before ordering the stone, please mail or email this application to Rachel Dearborn  
Fee payable to the Ellington Cemetery Association.