

Ellington Cemetery Association

Memorial Permit Application

Monument Company Name _____

Address _____

Phone Number _____ Date _____

Lot Owner _____

Address of Owner _____ Phone # _____

Section _____ Lot Number _____

Stone Material _____ Stone Color _____

Size of Base _____ L x _____ W x _____ H

Size of Stone _____ L x _____ W x _____ H

Overall Height of Stone _____ Foundation Fee \$ _____

Check one: Flat Hickey Pillow/Slant Upright

Check one: Headstone Footstone

Sketch of Stone and Base

Before ordering the stone, please mail this application to Rachel Dearborn
Fee payable to the Ellington Cemetery Association (see schedule attached).

Rachel Dearborn
62 Lower Butcher Road
Ellington, CT 06029

Please call Rachel @ 875-8204 for marking of monument ONE WEEK before placing the stone.