



**TOWN OF HEMPSTEAD DGS - GREENFIELD  
APPLICATION FOR MEMORIAL**

**Contractor Information**

Name of Company:		XX
Company Address:		XX
Company Town Zip:		XX
Company Phone:	Company Email:	XX
XX	XX	
Name of Setter/Inscriber Company (If different from above):		XX
Company Address:		XX
Company Town Zip:		XX
Company Phone:	Company Email:	XX
XX	XX	
Date Submitted:		XX
Application Fee:	Foundation Fee:	XX
XX	XX	

**Applicant Information**

Name of Deceased:		XX
Section, Lot, Grave for Memorial:		XX
Monument XX	Flush Marker XX	Inscribe XX
Stone Color:	Stone Location:	
xx	xx	
Foundation Dimensions:		xx
Name of Applicant:		xx
Address of Applicant:		xx
Town Zip of Applicant:		xx
Signature of Applicant:		
Check Number:	Total Paid:	
XX	XX	

**Complete diagram to scale of work to be done including dimensions of all art and lettering**

Design Approved by XX	Date XX
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