

Holy Cross Cemetery

Monument/Marker Authorization Form

Before beginning the ordering process you must call the Diocese of Charleston Office of Catholic Cemeteries to confirm ownership of Burial Rights in one of our cemeteries.

Contact Information

Monument Dealer: _____ Phone: _____
Contact Name: _____ Email: _____
Customer Name: _____ Phone: _____
Lot Owner Name: _____ Email: _____
Relationship to Owner: _____ Sect.: _____ Lot: _____ Grave: _____

Monument/Marker Description

Material: _____ Style: (i.e. bevel, slant, etc.) _____
Finish: _____ Size: _____
Type of Lettering: _____
Inscription on Front: _____

Inscription on Back: _____

Description of Design: _____

ATTACH A DRAWING OF THE FRONT AND THE BACK OF THE MONUMENT
Approval is not guaranteed. NO WORK is to begin before written approval is received
from the Director of Cemeteries for the Diocese of Charleston.

Approval Granted: _____ Date: _____
Karmin M. Meade, Director

REVISIONS REQUIRED: _____ Date: _____
Karmin M. Meade, Director

Description of _____
REVISIONS REQUIRED: _____

Submit completed forms to Karmin M. Meade, Director of Cemeteries
Email: kmeade@Catholic-doc.org Fax: 843.576.4925
Mail: 604 Ft. Johnson Road, Charleston, SC 29412