CALVARY Cleveland (216) 641-7575 ST. JOHN Cleveland (216) 641-7575 ST. JOSEPH Cleveland (216) 641-7575 ST. MARY Cleveland (216) 267-2850

ASSUMPTION OF MARY Cleveland (216) 267-2850 HOLY CROSS Brook Park (216) 267-2850 CALVARY Lorain (440) 233-5117 ST. MARY OF THE FALLS
Berea
(216) 267-2850

HOLY CROSS Akron (330) 724-1297 ST. MARY Elyria (440) 324-2675 ALL SOULS Chardon (440) 286-7151 ALL SAINTS Northfield (330) 467-7951 ST. MARY Cuyahoga Heights (216) 429-0165 Avon (440) 937-5061 RESURRECTION
Valley City
(330) 483-3346

ST. JOSEPH Avon (440) 937-5061

Catholic Cemeteries Association

Diocese of Cleveland

10000 Miles Avenue • P. O. Box 605310 • Cleveland, Ohio 44105

Invoice No	Date				
Cemetery					
Lot Owner					
Address					ì/J
City, State, Zip					
Phone Funeral Di	rector:	Certifi	cate of Ownership	o #	
PLACE OF INTERMENT: Section Lot _	Range	Graves	Part	_	nt Lawn Level
☐ FLUSH ☐ HIGH ☐ DUPLICATE	ANY MEMORIAL C	N THIS LOT?	ES NO		•
Granite Color	Size×	×	☐ Flat Top		Serpentine
Lettering Style: Family Name			SPECIAL DE	LIVERY INSTRU	JCTIONS
Design					
The undersigned being the owner of the Place of Immemorial identified herein on the Place of Interment Rules and Regulations of the Catholic Cemeteries A upon the Place of Interment will comply with the required to Company with the required to Company and Approval X	identified above. The ssociation Diocese of uirements of and be sul	undersigned further Cleveland (hereinaf oject to the Rules and	acknowledges that ter CCA) and agre I Regulations and a	at he/she has rec es that any mem	eived a copy of the norialization placed
Remarks	Name Date		Pnone		
The undersigned monument company acknowled Memorial Application shall comply with and be sumay be rejected by the CCA for failure to comply	bject to the Rules an with the Rules and Re	d Regulations of th	e CCA. The unde	rsigned agrees	that any memorial
and/or replaced at the monument company's sole	·	V		B	
Monument Company	Sig	gnature X		Date LOT SK	
				CLERK	
Cemetery Approval X	Date		Setting Charge		Valid for 1 Year.
Delivery Approval. Date D					
CCA Office X				No visual damaç	ge Rejected