

APPLICATION FOR MEMORIAL HEADSTONE  
**THE GARDENS AT GETHSEMANE**

670 Baker Street, Boston, MA 02132  
Phone (617) 325-0186 Fax (617) 323-0180  
Email: info@thegardenscemetery.org

- Base & Tablet (Die)       Monolith       Bronze Memorial       Granite Memorial  
 Cleaning       Other \_\_\_\_\_

Date \_\_\_\_\_ Resting Place(s) \_\_\_\_\_ Garden \_\_\_\_\_

**Detailed Drawing**

**Memorial**

Length \_\_\_\_\_ Thickness \_\_\_\_\_

Height \_\_\_\_\_ Depth Below Grade \_\_\_\_\_

**Finish**

Front \_\_\_\_\_

Back \_\_\_\_\_

Top \_\_\_\_\_

Ends \_\_\_\_\_

Size Approved

**Base**

Length \_\_\_\_\_

Thickness \_\_\_\_\_

Height \_\_\_\_\_

Depth Below Grade \_\_\_\_\_

\*Rough sides only

\*\*Garden of Forgiveness/Mercy smooth sides only

The information contained on this application is correct and we, the undersigned, agree to abide by the rules and regulations of The Gardens at Gethsemane.

Memorial Co. \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Memorial Co. Signature \_\_\_\_\_

Proprietor (SIGN) \_\_\_\_\_

(PRINT) \_\_\_\_\_

Address \_\_\_\_\_

Town/Zip \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

**All applications must be signed by proprietor or authorized representative and accompanied by a check.**

*For office use only*

Received (Date) \_\_\_\_\_ Foundation/Setting Charge \$ \_\_\_\_\_ Paid \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Foundation Completed (Date) \_\_\_\_\_ Memorial Installed (Date) \_\_\_\_\_