



# Eveleth Cemetery Memorial Application Form

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Deceased Name: _____		Date of Death: _____	
Block: _____	Lot : _____	Grave: _____	Cremation Location: _____

Type of City Installation (select one):

- Foot Marker - \$40.00
- Government Foot Marker - \$50.00
- Monument Base - \$100.00      Monument Base Size: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that I am authorized to permit placement of a memorial on this plot.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Application forms must be approved by the City before any marker/base/foundation will be accepted or installed.**

Attention: Deputy City Clerk  
Eveleth City Hall  
413 Pierce Street  
Eveleth, MN 55734

Phone: 218-744-7564  
Fax: 218-744-7525  
Email: [stephanie@evelethmn.com](mailto:stephanie@evelethmn.com)

<i>(For office use only)</i>			
Date Application Received:	_____	Amount Paid:	_____
Date Application Approved:	_____	Receipt No.:	_____
Date Installed/Completed:	_____	PW Initials:	_____