



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 - \$50.00
- Government Foot Marker - \$60.00
- Monument Base - \$150.00 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

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