



# MT. CALVARY & GETHSEMANI CATHOLIC FUNERAL SERVICES

**KNOW ALL MEN BY THESE PRESENTS, that I, the undersigned, owner(s) or authorized representative(s) of the owner(s) of the grave described below, do hereby authorize**

\_\_\_\_\_  
*Name of Monument/Marker Company*

**to set the marker of**

\_\_\_\_\_  
*Name on Marker*

**located in Oregon at**

\_\_\_\_\_  
*Name of Cemetery*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*Section*

\_\_\_\_\_  
*Wall/Block/Aisle*

\_\_\_\_\_  
*Lot*

\_\_\_\_\_  
*Grave*

**All markers are subject to the Rules & Regulations of Mt. Calvary & Gethsemani Catholic Cemeteries.**

I, the undersigned, understand that there is no guarantee or warranty on markers ordered from an outside company. The undersigned hereby certifies that they have full legal authority and are the exclusive owner(s) of the interment rights to direct the setting of said marker.

Archdiocesan Catholic Cemeteries and Mortuaries cannot be held responsible for any type of damage done to the granite, lettering, artwork or recessed VA emblem, regardless of how it occurs.

The undersigned hereby agree to indemnify and hold harmless the cemetery, its affiliates, and their respective agents, Officers, Directors and employees from any and all liability, including reasonable attorney's fees, and against any loss if or any of them may sustain in connection with any dispute arising regarding the authority of the undersigned to direct the marker setting authorized above.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Relationship to grave owner*

Please send completed form to the respective cemetery.

Mt. Calvary Catholic Cemetery  
503.292.6622 fax  
[mstaff@ccpdxor.com](mailto:mstaff@ccpdxor.com)

Gethsemani Catholic Cemetery  
503.659.9429 fax  
[gstaff@ccpdxor.com](mailto:gstaff@ccpdxor.com)