



**Marker/Monument Removal for Work to be Performed or
Complete Monument Replacement**

I, _____ (Print Name) am the original lot owner of
the following gravesite:

Lawn:

Lot:

Lot:

Row:

Grave:

Reason for Removal:

I understand that **ONLY** the original lot owner is permitted to have a marker/monument removed to have work performed or replaced. I understand that heirs to the lot owner are **NOT** permitted to remove the marker/monument.

Upon removal of the marker/monument from the cemetery I **DO NOT** hold Arlington Cemetery Association responsible for any damages or issues resulting in the removal of the headstone. I agree that if the removal of the marker/monument destroys the original foundation, and the marker/monument cannot be set properly, a fee will be assessed to replace the foundation at current prices.

Original Lot Owner: _____ (Name – Please Print)

Original Lot Owner: _____ (Signature)

Date: _____

MONUMENT DEALER'S GUARANTEE THAT THE PROPER LOT OWNER SIGNED THIS
AUTHORIZATION:

Monument Dealer: _____ (Name Please Print)

Monument Dealer: _____ (Signature)

Date: _____