



C E M E T E R Y

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

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

Section: _____

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 _____ (Print Name) * Attach Photo ID

Original Lot Owner _____ (Signature)

Date _____

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

Monument Dealer _____ (Print Name)

Monument Dealer _____ (Signature)

Date _____