



HOLY TRINITY GREEK ORTHODOX CEMETERY

SAINT GEORGE GREEK ORTHODOX CHAPEL



Location: 8941 Ringeisen Road, Allison Park, PA
Mailing Address: Holy Trinity Church, 985 Providence Blvd., Pittsburgh, PA 15237-5951
Reverend Father John Touloumes, *Proistamenos* / William J. Fiedler Jr., Cemetery Chairman

Cemetery Memorial Marker Application

Before a memorial marker can be placed in the cemetery, this completed application must be presented to the Cemetery Committee by the applicant for approval, together with payment of the appropriate service fees noted herein. This application will be returned to the applicant approved to order marker.

Application must be submitted for approval prior to any work being started on the memorial so that there is no question concerning the acceptance of the memorial. When the application is received, the Church office will issue a receipt to the applicant acknowledging payment of the service fee. Acceptance of the payment **does not** indicate approval of the marker; however, approval of the marker is subject to approval of the marker drawing. Where the marker drawing is not approved, it shall be returned to the memorialist with the reasons for non-acceptance.

This application is hereby made for permission to order a memorial marker in accordance with the Rules and Regulations of the Cemetery. Drawing of memorial markers must be submitted for Cemetery approval at least thirty (30) days prior to delivery.

In addition to sizes governed by the Cemetery Rules and Regulations, it is understood that markers cannot be installed effecting other existing memorial markers.

The undersigned acknowledges that:

- The memorial is the sole responsibility of the undersigned and family. The Cemetery is not responsible for vandalism, theft or damage to markers. It is advised that the undersigned acquire insurance coverage.
- If any memorial marker, in the opinion of the Cemetery, becomes unsightly, dilapidated, or in danger of falling, it is the undersigned responsibility to correct at their expense or their family.
- They hold the Right-To-Burial in the grave(s) to receive the marker, or they have legal representative rights for the deceased.

Location of grave(s) if known:

Range: _____

Plot(s): _____

Grave(s) : _____

The following information must be provided with the marker drawing when submittal:

Memorial Company: _____

Surname to be on Marker front: _____

Surname to be on back (if applicable) : _____

Individual(s) names to be on stone: _____

Vertical Stone Base Size: _____ Height: _____

Vertical Stone Size: _____ Height: _____

Flush Marker Base Size: _____

Flush Marker Plaque Size: _____

Material: _____

Color: _____

Inscriptions (If any): _____



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Signing below constitutes understanding and acceptance of the criteria presented above.

Print Name(s) of those with Right-To-Burial _____ Signature _____ Date _____

Address: _____

Email: _____

Phone: _____

Print Name of legal representative _____ Signature _____ Date _____

Address: _____

Email: _____

Phone: _____

Service cost for Memorial Markers:

- **Single Vertical Stone & Base: ----- \$1000**
- **Double & Triple Vertical Stone & Base: ----- \$2000**
- **Flat Stone and/or Metal Plaque: ----- \$0**

Mail this application & service cost check payable to:
Holy Trinity Greek Orthodox Church Cemetery

to
Holy Trinity Greek Orthodox Church Office
Attn: Cemetery Memorial Application
985 Providence Blvd.
Pittsburgh, PA 15237

Mail drawings for approval to:
Holy Trinity Greek Orthodox Church Office or email to: office@holytrinitypgh.org
Attn: Cemetery Committee
985 Providence Blvd.
Pittsburgh, PA 15237

Office Use Only

Application is approved as submitted:

Cemetery Representative

Date: