

Marker/Headstone Installation Authorization

Name of Firm _____

Address of Firm _____

You are hereby authorized to provide services as requested on the memorial of _____
(Veteran's name)

in _____ located at _____
(Name of cemetery) (Address of cemetery)

in Grave No. _____ Lot No. _____ Range No. _____ Section No. _____

(Veteran's Date of Birth) (Date of Death) (Rank) (Service Organization) (War)

Commissioners of the County of Franklin Representative

(Director of Franklin County Veterans Affairs)

*The bottom part of this form must be completed by the firm. Please return completed form to Franklin County Veterans Affairs Office for payment.

Certification of Marker Installation

To be returned by the contractor on the completion of the work. Payment will be made upon completion and certification of form and its return to: **Franklin County Veterans Affairs, 425 Franklin Farm Lane, Chambersburg, PA 17202.**

I certify that I have installed a veteran's grave marker on the grave of _____
(Veteran's Name)
at the cost of \$50.00 as per authorization appearing above on this form.

Signature: _____
(Name of person who installed marker)

Payment to be made to: _____
(Name of person or firm)

Address: _____
