

**BRANDYWINE CRUCIBLE HEADSTONE
RESTORATION/REPLACEMENT REQUEST**

Fill in the Information

1. In Remembrance of: Name _____ DOB _____ DOD _____
Maiden Name (if applicable) _____
Place of Birth _____ Place of Death _____
2. Requested by: _____ City _____ State _____
3. Cox Line: (Example: Thomas Isaac Cox and Rachel Carr) _____
4. Burial Location: Cemetery _____ Plot#: _____
Address _____ City _____ State _____
5. Does the Monument Company Require a Deposit? Yes _____ No _____
6. Send a copy of the estimate from Monument Company for Repairs: Labor or Marker _____
7. Check with Cemetery to ensure proper Size and Type: Flat Marker _____ Labor _____
8. Amount of Funds Requested: \$125 _____
9. Send To: William W. Bentley: 10153 S. Golden Sands Place, S. Jordan UT. 84095, wwbent2@msn.com
Susan Cox 6715 Desco Drive Dallas TX > 75225-2704 sdctexas@yahoo.com

- 10 APPROVAL BY RESTORATION COMMITTEE _____ Date _____
11. Release of Funds to Requesting Family: Date _____
12. Payable to Monument Company _____ Date _____
13. Form should be done in Triplicate: Submitter _____
Committee _____
Board Approval _____

ATTACHMENT 1

Apr2013