

MOUNT OLIVET CEMETERY BURIAL ORDER

ACCOUNT NO. _____

NO. _____

LOT OWNER: _____

CHARGE TO _____

RELATIONSHIP TO DECEASED _____

ADDRESS: _____

PHONE: _____

ZIP: _____

DECEASED _____

ADDRESS: _____

DATE OF BIRTH _____

DATE OF DEATH _____

AGE AT DEATH _____

MORTUARY _____

CASKET SIZE & TYPE _____

TIME OF FUNERAL _____

DAY OF WEEK _____

DATE _____

CHURCH _____

CHARGES

LAND OR CRYPT SOLD

\$

ENDOWMENT

OPENING/CLOSING

VAULT OR LETTERING

VAULT SETTING FEE

BRONZE VASE (CRYPT/NICHE)

SATURDAY CHARGE

LATE CHARGE

MARKER

FOUNDATION

SALES TAX

\$

CEMETERY SERVICESPECIAL ARRANGEMENTS _____

_____☐ RED ☐ MB ☐ LBC ☐ SB

INITIAL

SALES

☐ RED ☐ MB ☐ LBC ☐ SB ☐ RK

INITIAL

OPENING

SECTION

BLOCK

LOT

GRAVE

MAUSOLEUM

CRYPT

TIER

SECTION

TERMS

BALANCE \$

DOWN PAYMENT
RECEIPT # \$

NEW BALANCE \$

PAYMENTS
PER MONTH \$

ORDER PHONED BY _____

FUNERAL DIRECTOR _____

COUNSELOR & NO. _____

PERMISSION IS HEREBY GRANTED THE MOUNT OLIVET CEMETERY ASSOCIATION TO OPEN THE GRAVE AS DESCRIBED ON THE FACE OF THIS ORDER AS THE LEGAL OWNER OF, AND NEXT OF KIN, AND HAVING FULL POWER AND AUTHORITY TO ORDER SAID GRAVE OPENED. I HEREBY AGREE TO ASSUME ANY AND ALL LIABILITY FOR DAMAGES THAT MAY ARISE THEREFROM, AND RELEASE THE MOUNT OLIVET CEMETERY ASSOCIATION FROM ANY LITIGATION OR LIABILITY THAT MAY ATTACH THERETO BY REASON OF SAID INTERMENT, AND I FURTHER AGREE TO PAY ALL CHARGES SHOWN ON THE FACE OF THIS CONTRACT, WHEN SAME SHALL BECOME DUE. NO MONUMENT ALLOWED ON GRAVE UNTIL FULLY PAID FOR.

SECTIONS ARE DESIGNED BY THE CEMETERY. PLANTING OF PERENNIALS, TREES, BUSHES OR PLACEMENT OF ROCK, BRICK, ETC. AND EDGING ARE NOT PERMITTED.

RULES AND REGULATIONS REGARDING PLANTING OF FLOWERS ARE AVAILABLE AT THE CEMETERY OFFICE.

CEMETERY NOT RESPONSIBLE FOR FIRE. THEFT OR ACTS OF VANDALISM.

I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MOUNT OLIVET CEMETERY.

SIGNATURE TO AUTHORIZE ABOVE _____

DATE _____

Date: _____

No. _____

FOUNDATION ORDER
MT. OLIVET CEMETERY ASSOC.
12801 West 44th Avenue
Wheat Ridge Colorado 80033
phone 303-424-7785

Section _____ Block _____ Lot _____ Graves _____

Name of Deceased _____

Date of Death _____ Head of _____

SKETCH OF MONUMENT

Size of Base _____ Feet _____ Inches by _____ Feet _____ Inches

Number of Pieces _____ Height _____ Feet _____ Inches

Monument work must comply with Cemetery regulations and be consistent with Catholic-Christian traditions. Unless otherwise approved by Mount Olivet management, all monuments and monument components (vases, statues, etc.) must be granite or bronze. Any other types of materials not previously approved by Mount Olivet management will be removed by Mount Olivet staff at the owners expense. No monument or foundation will be allowed on a grave until the grave or graves are paid in full. The undersigned agrees to hold the Cemetery free from any liability whatsoever for damages to the monument before, during and after setting of the monument.

By signing, I confirm that I have the authority to purchase and authorize placement of this monument on the lot identified above as the owner of the lot or have procured permission from the owner of the lot. I further acknowledge that if ownership is contested, the monument described herein may be removed from the lot at my expense. Monuments removed at the request of the lot owner will be considered abandoned subsequent to their removal and may be disposed of by Mount Olivet Cemetery.

Charge To: _____

Name of Monument Company

\$ _____ Address: _____

Consent is given for the erection of the above Memorial by: _____

Signature of Purchaser

**RELEASE FORM
(VASE, PICTURE, EMBLEM)**

Mt. Olivet Catholic Cemetery

DATE: _____

NAME OF DECEASED: _____

LOT OWNER OF CRYPT OR NICHE: _____

LOCATION: _____

I give permission to Mount Olive Cemetery Association to attach a Bronze Vase, Emblem, or Picture to the crypt /niche of the above deceased person. ***I understand that if such Vase, Emblem or Picture is lost, stolen, or damaged, it will not be replaced.***

Signature of Owner: _____

Phone Number: _____

MOUNT OLIVET CATHOLIC CEMETERY

12801 West 44th Avenue
Wheat Ridge, CO 80033

TEL (303) 424-7785
FAX (303) 424-5263
www.cfcsdenver.org

ADVANCE AUTHORIZATION BY PLOT OWNER TO INTER

Dated 20.....

To MOUNT OLIVET CEMETERY ASSOCIATION:

You are hereby authorized and instructed, subject to your rules and regulations, to inter, on his or her death, the remains of

in Grave Section Block Lot

or Tier Private Mausoleum, in Mount Olivet Cemetery.

in Grave Section Block Lot

Tier Private Mausoleum in Mount Olivet Cemetery.

This authorization carries with it no right to erect any memorial; or to do planting on said lot of any nature whatsoever, except as here indicated:

I hereby certify and represent that I, and the other persons whose signatures appear below, are the sole owners of the interment space described above, and that I have the right to make this authorization. Furthermore, I agree to hold the Mount Olivet Cemetery Association harmless from any liability on account of said authorization and interment.

This authorization is a waiver of my right of interment in the above-described space, and is a conveyance of my interest therein to the extent indicated.

Subscribed and sworn to before me a

Notary Public this day of

....., 20.....

Notary Public

Signatures of All Plot Owners



Living Our Mission

CATHOLIC FUNERAL & CEMETERY SERVICES
OF NORTHERN COLORADO

ENDURING IMAGES

14818 West 6th Avenue

Golden, CO 80401

1-800-905-3295

Orders@enduring-images.com

www.enduring-images.com

Memorial Portrait Order Form

Date: _____ (Standard delivery is 1 week)

Ordered by: _____

Company: Mt. Olivet Cemetery

Address: 12801 W. 44th Ave.

City: Wheat Ridge State: CO Zip: 80033

Phone: 303-424-7785 Fax: _____

E-mail: Devin.Schroeder@aarchden.org

Options:

☐ Color ☐ Black & White ☐ Brown & White (Sepia)

☐ Vertical ☒ **V** ☐ Horizontal ☒ **H**

☐ 3M VHB Tape (\$6) ☐ No VHB Tape

Check Preferred Layout:

☒ Bust ☐ 1/2 ☐ 3/4 ☐ Full

Special Services:

☐ Merge People/Objects (SS-1)

☐ Remove Background (SS-2)

☐ Retouch Photo (SS-3)

☒ Take Picture to Outer Edge. No Charge.
(Portraits will have a white border unless this is checked)

Decedent's Name: _____

Special Instructions: _____

Send Proof: ☒ (\$25 charge for each additional proof after 3)

| Item ID | Description (oval, rectangle, etc.) | Size (indicated cm or inch) | Qty. | Unit Price | Extended Total |
|---------|-------------------------------------|-----------------------------|------|-----------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | Tax (if applicable) | |
| | | | | 50% Military Discount | |
| | | | | Total | |

Terms & Conditions

All orders must be paid by check or credit card at time of order.
Prices include standard shipping.

All original photos will be returned with completed order.

How to Order:

Mail in photo, order form and method of payment to the address above OR email your photo and order form to

Email: Orders@Enduring-Images.com

* Please note that ALL emailed photos must be 300 dpi or higher*

* Please remember that although we touch up what we can, we are only as good as the original*



Commemorating Life with RespectSM

Wilbert Funeral Services
4985 Locust St
Commerce City, CO 80022
303-289-2771
303-289-7103 (Fax)

| | | | |
|--|--|----------------|--------|
| Date of Order: | | Order #: | |
| Taken By: | | Director: | |
| Funeral Home: | | | |
| Product Ordered: | | | |
| Color: | | | |
| Emblem: | | | |
| Deceased: | | | |
| Date of Birth: | | Date of Death: | |
| Service Date: | | Time: | |
| <input type="checkbox"/> Church <input type="checkbox"/> Chapel <input type="checkbox"/> Graveside | | Town: | |
| Cemetery: | | | |
| Section: | | Lot: | Space: |
| ETA TO GRAVESIDE: | | | |
| NOTES: | | | |
| Tent Set UP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wilbert Way <input type="checkbox"/> Drop Off | | | |
| EMAIL FOR CONFIRMATION: | | | |