

A MINISTRY OF THE ARCHDIOCESE OF DENVER

MOUNT OLIVET CATHOLIC CEMETERY

12801 West 44th Avenue
Wheat Ridge, CO 80033

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www.cfcsDenver.org

RELEASE FORM (VASE, PICTURE, EMBLEM)

DATE: _____

NAME OF DECEASED:

LOT OWNER OF CRYPT/NICHE:

LOCATION: _____

I give permission to Mount Olivet Cemetery Association to attach a bronze vase, emblem, and/or picture to the crypt/niche of the above deceased person. *I understand that if such vase, emblem, and/or picture is lost, stolen, or damaged, it will not be replaced.*

Signature of Lot Owner

Phone number of Lot Owner

cfcs

Living Our Mission

CATHOLIC FUNERAL & CEMETERY SERVICES
OF NORTHERN COLORADO