

Application for Placement of Supplemental Grave Marker

Application may be submitted by U.S. Mail, or may be scanned and emailed (please call the Capital Office for instructions).

Ohio Department of Mental Health and Addiction Services
Office of Capital and Support
Attn: Art Wills
30 East Broad Street, 11th Floor, Room 1160
Columbus, Ohio 43215-3430
Phone: 614-466-3473

Applicant Information:

Name:

Address:

Phone number:

Email address (optional):

Relationship to the deceased:

Information about the Deceased:

Name:

Date of death:

Cemetery and grave site [provide specific cemetery location; grave sites are identified by number]:

Veteran status:

Proposed supplemental marker:

- Is no larger than eight by sixteen inches in size, will be installed flush to the ground, and will contain no more inscription than: first name, middle initial, last name; date of birth; and, date of death, **or**
- Will be supplied by the U.S. Veterans' Administration, will not exceed twelve by twenty-four inches in size, and will be installed flush with the ground, and will contain no more inscription than: first name, middle initial, last name; rank and branch of service; if served in time of war, which conflict; date of birth; and, date of death

Proposed Installer:

Name:

Address:

Phone number:

Email address (optional):

Insurance information (type and amount of policy; insurance carrier):

type:

amount of policy:

insurance carrier:

By submitting this Application, I attest that the information contained herein is true and accurate, and that the supplemental marker and installation will be in compliance with the requirements specified by the Ohio Department of Mental Health and Addiction Services. I acknowledge that approval of this application is conditioned upon installer's execution of the Consent to Enter issued by the Ohio Department of Mental Health and Addiction Services.

Date

Applicant

Acknowledgement

State of _____

County of _____

On this ____ day of _____, 20____, Applicant appeared before me, the subscribed, a Notary Public in and for said county, and acknowledged the signing of this Application to be her/his voluntary act and deed.

In testimony thereof, I subscribe my name and affix my seal.

Notary Public

[seal]

Application approved, contingent upon installer's execution of Department's Consent to Enter:

Date

Hamid Mehrizi, Deputy Director