



MAYPORT LIGHTHOUSE ASSOCIATION

AFFILIATE OF
UNITED STATES LIGHTHOUSE SOCIETY



U.S. LIGHTHOUSE SERVICE MAYPORT LIGHTHOUSE KEEPER OR LIGHTSHIP CREW GRAVE MARKER PROGRAM

MARKER and CEREMONY APPLICATION

Name of Lighthouse Keeper/Assistant or Lightship Crew Member _____

Lighthouse(s)/Lightship where they served and dates _____

Name of **family member/descendant** submitting this form _____

Your relationship to the deceased Keeper/Crew Member _____

Your mailing address _____

Your Phone number and email address _____

Name, address of the cemetery in Northeast Florida where the Keeper/Crew Member is buried:

Cemetery representative name and phone number: _____

Continued on reverse

Please initial all that are YES/apply. No initials will indicate a NO:

_____ I would like to honor my family member with a bronze U.S. Lighthouse Service Grave Marker to be purchased and installed by the Mayport Lighthouse Association (MLA), USLHS Affiliate. The marker will be installed in the ground (in a plastic bucket of cement underground) next to the Lighthouse Keeper's/ Crew Member's memorial marker, unless another type of installation is requested or required. A dedication ceremony will be planned by the MLA. You will be notified with the details of the dedication ceremony as soon as they become available.

_____ I have evidence of the family member's service at the Lighthouse(s) or on the Lightship. This is needed only if the MLA cannot find the Keeper/Crew Member in our records of Lighthouse Keepers and Lightship Crew for the St. Johns River Lighthouse/Lightship or St. Johns Lighthouse.

_____ The Keeper/Crew Member served after 1939, was a member of the U.S. Coast Guard and I request a U.S. Coast Guard Marker instead of a U.S. Lighthouse Service Marker be placed.

_____ If no representative from the Keeper's/Crew Member's family is able to attend the dedication ceremony, I give the MLA, USLHS Affiliate, permission to hold the grave marker dedication ceremony with no family members present.

_____ I have contacted a representative from the cemetery and have received permission to have the grave marker placed in the ground. (Please let us know if another type of installation is requested or required.)

_____ Did the Keeper/Crew Member receive a Lifesaving Medal? Gold _____ Silver _____

_____ I desire that the dedication ceremony for my family member be open to the public.

_____ Photos of my family member may be displayed/distributed at the ceremony, and published in the MLA Newsletter and other media, including photos from the ceremony.

As the family representative, by signing this form I certify that I am able to and do give my permission for the grave marker to be installed in the ground at the cemetery next to the Lighthouse Keeper's/Lightship Crew Member's memorial marker. If another type of installation is requested or required, the Keeper's/Crew Member's family may be responsible for the extra costs.

I understand that the MLA, USLHS Affiliate, cannot be held liable in the unfortunate event that the marker is stolen or damaged and will only provide one grave marker set, including flag.

Signature of FAMILY MEMBER completing this form

Date

Please scan this form and email to: programs@mayportlighthouseassociation.org (preferred) OR mail to:

Mayport Lighthouse Association, Inc.
Grave Marker Program
P.O. Box 7148
Jacksonville, FL 32238