

MARKER LOCATION FORM

TO BE COMPLETED BY FUNERAL HOME OR DECEDENT'S FAMILY

Decedent's Name:

Family Contact:

Family Contact phone #:

Funeral Home Name:

Funeral Home Contact Person:

Funeral Home Contact #:

Interment Date:

Deed Owner:

Deed Date:

Cemetery:

Section:

Block:

Row:

Plot:

Marker Information:

Type of Marker:

Date of Marker Installation:

TO BE COMPLETED BY STAFF:

Date received in department:

Date Marked:

Marked by:

Marking flag color:

Date returned:

\$100 Marking fee paid:

TO BE COMPLETED BY STAFF:

North:

South:

West:

East: