



BILL GILLESPIE, JR. MAYOR

# INTERMENT 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:

**TO BE COMPLETED BY STAFF:**

Date received in department:

Date of Marker Installation:

Date Marked:

**TO BE COMPLETED BY STAFF:**

Marked by:

North:

Marking flag color:

South:

Date returned:

West:

East:

\$100 Marking fee paid: