

CEMETERY LOCATION FORM



TO BE COMPLETED BY FUNERAL HOME OR MONUMENT COMPANY AND RETURNED TO CEMETERY@PRATTVILLEAL.GOV

Decedent's Name: _____

Deed Owner: _____

Representative: _____

Deed Date: _____

Phone or Email: _____

CEMETERY

Chapman

Oak Hill

BURIAL Interment Date: _____

Cremation

Double Depth

Traditional

Other

INTERMENT

Section: _____

Block: _____

Row: _____

Plot: _____

INURNMENT

Side: _____

Row: _____

Niche: _____

MEMORIAL Installation Date: _____

Bench

Repairs

Coping w/ Chips

Slab

Coping w/o Chips

Vault

Flag Pole

Veteran Marker (VA 40-1330)

Grave Marker

Veteran Medallion (VA 40-1330M)

Mausoleum

Other

Niche Cover

MEMORIAL DESCRIPTION AND DIMENSIONS

**IF APPLICABLE – attach sketch, proof, or form*

Service Provider: _____

Phone Number: _____

Contact Name: _____

Email: _____

Open/Close Vendor: _____

Phone Number: _____

Contact Name: _____

Email: _____

TO BE COMPLETED BY CITY STAFF

Date Received: _____

Plot / Niche Borders

Marking Fee Paid: _____

North: _____

Date Marked: _____

South: _____

Marked By: _____

East: _____

Flag Color: _____

West: _____

Date Returned: _____