

# CEMETERY LOCATION FORM



TO BE COMPLETED BY FUNERAL HOME OR MONUMENT COMPANY AND RETURNED TO [CEMETERY@PRATTVILLEAL.GOV](mailto: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: \_\_\_\_\_