



GRAVE MARKER PERMIT/INSTALLATION REQUEST

Cedarwood Cemetery _____

River Road Cemetery _____

Monument Company _____

Contact Name _____ Contact Phone # _____

Installation Date: _____

Name of Installer _____ Contact Phone # _____

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Grave Location:

Headstone 48" Single \_\_\_\_\_ 96" Companion/Double \_\_\_\_\_ Other \_\_\_\_\_

Full Name on Headstone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Burial \_\_\_\_\_ Veteran: \_\_\_\_\_

Any additional information that may assist in marking the lot: \_\_\_\_\_

\_\_\_\_\_