



# Cemetery Foundation Order Form

## Fairview Cemetery Linden, MI

Date \_\_\_\_\_

Name of Deceased \_\_\_\_\_

Name(s) to appear on Marker \_\_\_\_\_

\_\_\_\_\_

Size of Marker \_\_\_\_\_

Measurements of Base of Marker \_\_\_\_\_

Location of Foundation: Section \_\_\_\_\_ Lot \_\_\_\_\_ Grave \_\_\_\_\_

Placement of Foundation \_\_\_\_\_

(example: centered on grave, centered over 2 graves)

Foundation fee \_\_\_\_\_

The fee must be paid before installation. \$0.50 per square inch with a minimum fee of \$100.00 calculated on length and width of the base of the marker to be placed on the foundation.  
Please make checks payable to the City of Linden.

### Purchaser Information

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Office use only.

Date paid \_\_\_\_\_ Amount paid \_\_\_\_\_