

Watertown Charter Township

WACOUSTA CEMETERY FOUNDATION ORDER

Date _____

By _____

Deed Holder Name _____

Contact Information _____

Section/Lot No. /Space _____

Name of Deceased _____

Monument Base Size _____

Foundation size _____ x \$.30/square inch = _____ Foundation Cost

Monument Company _____

Contact Name _____

Phone Number _____

Foundation Charge _____

Date Paid _____

Check Number _____

I certify that I have full and complete rights to request this foundation for the placing of a monument marker:

Signature _____ Date _____

Witness _____ Date _____

EAST

1	2	3	4	5
6	7	8	9	10

WEST