



This form must be approved by the Town of Magrath before a plot is marked for placement of a headstone.

Monument Placement Pre-Request and Approval

Today's Date: _____

Name on Headstone: _____

Size of Foundation: _____

Type of Marker: ☐ Flat ☐ Pillow ☐ Upright ☐ Other

Burial Type: ☐ Cremation ☐ Casket

Size of Headstone: Length _____ Width _____ Height _____

Single or Double: _____

Monument Company: _____

Contact Name _____

Phone Number: _____

(This Portion is to be filled in by Town Staff)

Grave Location: Block _____ Lot _____ Plot _____

Next to or on top of: _____

Approved by: _____

Once approved this form will be sent back to you for the placement date request. Do not fill in this portion until approval has been given. Fill out the date and return to Town. Please note that we required 3 full days' notice to mark a grave.

Placement Date: _____

Requested By: _____

Phone Number: _____