FOUNDATION ORDER FOR OAK RIDGE CEMETERY

| Date: | Monument Dealer: |
|------------------------|---|
| | Address: City, State Zip Code: |
| | Phone Number: |
| | Email Address: |
| Type of Memo | orialization: |
| | Foundation will be poured 5" below grade. |
| Flush/Grass r | marker Size: |
| | Foundation will be poured 1" below grade. |
| All upright r | nemorial monument bases shall have rock pitched faces, a minimum of 6 inches above |
| Upright/Base | Bevel Wedge Wedge/Base Slant |
| Size: Die | LxWxH |
| If this is t THE AC | at the Head Foot If the placement is not noted on the form the foundation will be poured at the head by default. The incorrect location a new foundation will need to be paid for before we will pour a new foundation. COUNT MUST BE PAID IN FULL PRIOR TO THE INSTALLATION OF MEMORIALIZATION. TO THE MEMORIALIZATION MUST BE SUBMITTED WITH THE FOUNDATION ORDER, GA VIEW OF ALL ENGRAVED AREAS. ANYTHING OUT OF THE NORM MUST BE DESCRIBED IN DETAIL. |
| | eft side of marker: Date of death / Pre-Need: |
| , , | ight side of marker: Date of death/ Pre-Need: |
| Other name(s) | on marker: Date(s) of death/ Pre-Need: |
| Purchaser: Na | me Phone number |
| Marker compa | any representative's signature: |
| | FOR CEMETERY VERIFICATION ONLY |
| Loc | ation: Block Lot Grave Section Range |
| Fou | ndation Cost \$ Check # |
| Ann | Date |

updated: 10/16/2018