



Kanarrville Town Cemetery

Monument Placement Request

Desired Placement Date:		Desired Placement Time:		
Name(s) on Monument:				
Type of Monument:	<input type="checkbox"/> Upright	<input type="checkbox"/> Slope	<input type="checkbox"/> Flat	<input type="checkbox"/> Bench
<input type="checkbox"/> Double	<input type="checkbox"/> Single		<input type="checkbox"/> Urn Plaque	
Foundation Dimensions:	Length:	Width:	Height:	
Monument Company Name		Monument Company Phone #		
Name of Requestor:		Phone # of Requestor:		
Name of Person Ordering Monument:		Phone # of Person Ordering Monument:		

Please complete this form and email it to Michael Humes at cemetery@kanarrville.org.

Please allow two to three business days for a response.

If a more urgent response is needed, please call or text Michael Humes at (435)704-1215.