



**Fairview Cemetery  
Grave Marking Form**

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Space: \_\_\_\_\_

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

Date of Delivery: \_\_\_\_\_

Estimated Arrival Time : \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_\_\_

Public Works Department

City Hall

Invoiced Date: \_\_\_\_\_ Paid: \_\_\_\_\_

(620) 336-2776  
(620) 336-2104 Fax  
[www.cherryvaleusa.com](http://www.cherryvaleusa.com)

Working for a Better Tomorrow...Today!