

Plain Township

Maplewood Cemetery

P.O. Box 273

New Albany, Ohio 43054

Office: 614-855-2085 fax: 614-855-2087

Headstone / Memorial Marker / Monument Proposal Request

Requested by:

Name: _____

Date: _____

Monument Company: _____

Phone: _____

Address: _____

Fax: _____

Email: _____

Proposal request must be approved in advance by Plain Township.

ALL DIMENSIONS (L X W X H) MUST BE INCLUDED

Important: Give correct positions of burials in Lot as the inscription will appear on the marker. Thank you!

Name on Memorial Marker: _____

In the area below, please provide a sketch of the proposed memorial marker.

Cemetery: Maplewood Cemetery

Section: _____ Lot: _____ Space: _____

Block: _____

Stone or
Granite, other _____

Dimensions of Memorial Marker

Top Size
L x W x H
(by inch) _____

Base Size
L x W x H
(by inch) _____

Total
L x W x H _____

For Office Use Only

Footer
Size _____

Cost of
Footer _____

Date Paid _____

Amount Paid _____

Check # _____

Date Footer
Installed _____

Delivery Date
of Memorial
Marker _____

**All headstones, monuments and markers require a concrete footer – installed by the Plain Township Service Department at \$1.00 per square inch
Two inches is added to all sides increasing the footer size to be greater than the base of the headstone. (Ex. 36Lx14W Monument would have a footer of 40Lx18W)**

- Single grave monuments for one space shall not exceed 36" length, 14" width and 42" height
- Companion monuments will be centered over two grave spaces
- Companion monuments shall not exceed 54" Length, 14" width and 36" height

NOTE: Township personnel must be present when marker is to be delivered and set at the cemetery gravesite.

Sketch Approved by: _____

Plain Township

Date Approved: _____

NOTES: