



TOWN OF WESTLAKE I.O.O.F. CEMETERY

Marker/Monument/Decoration Approval Form

Name:	
Address:	
City/State/Zip:	
Home Phone:	
Cell Phone:	
Email:	
Name of Deceased:	
Plot Location(s)	Section: _____ Row: _____ Spaces: _____

Brief Description of Monument/Marker and/or Decoration:

(Please provide a simple sketch on the reverse side of this paper.)

Approved by:	Date:
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