



# Elmwood Cemetery PLOT LOCATION AUTHORIZATION FORM

**FORM MUST BE SUBMITTED WITH PAYMENT OF \$100.00 FEE**

Authorized Representative must be present with City Staff to verify marking location, no exceptions. Please call us 3 days prior at 405-390-8198 to schedule an appointment to ensure staff is available to meet your needs; appointments are available 8:00am to 3:00pm, Monday-Friday, except Holidays. Flagging fee must be paid prior to appointment, and no later than 12:00 Noon the business day prior to the date of need.

**For emergencies after hours & on weekends call 405-696-3372.**

Type of Flagging:  Funeral  Marker/Monument  Other \_\_\_\_\_

Name of Deceased: \_\_\_\_\_ Location: Sec \_\_\_\_ Block \_\_\_\_ Lot \_\_\_\_ Plot \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Internment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Funeral Home/Monument Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Funeral Time: \_\_\_\_:\_\_\_\_ AM/PM Location: \_\_\_\_\_

Marker/Monument Type:  Single  Double  Footer  Other \_\_\_\_\_

Owner of Plot: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Authorized Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Plot owner/next of kin: I, \_\_\_\_\_, as owner of the plot &/or next of kin to the deceased, authorize the above named representative to verify the plot location on my behalf.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Requested Date/Time for flagging appointment: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM/PM

Flag Verification (completed at Cemetery): Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM/PM

Employee Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Staff Use Only: Location of Cremains:  West (head)  East (foot)  Center

Employee Notes/Issues: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Payment Method:  Cash  Check # \_\_\_\_\_  Credit \_\_\_\_\_ RN# \_\_\_\_\_

Location verified with office records: (employee signature) \_\_\_\_\_