

**Oak Grove Cemetery
122 S. Court St.
Grayville, IL 62844**

Monument Permit Application

Name of Applicant _____ Date _____
(if different from lot owner, show proof of authority over lot)

Address _____

Contact Phone # _____

Name of Cemetery Lot Owner _____
(if different from applicant show proof of authority over lot)

Cemetery Section and Lot Number _____

Monument Size _____

Monument Placement Location:

Please sketch the lay-out of your lot(s) and show desired placement area of monument.

Applicant Signature _____ Date _____

Approved By: _____ Date _____