COVENTRY CEMETERY COMMISSION
1712 MAIN STREET
COVENTRY, CT 06238

Proposed Memorial Work for:

_____ Cemetery Date:_____

Name of Contractor:_____

Address:_____

Insurance Carrier:_____
Policy Number:_____ Policy Limits:_____

Lot Owner's Name:_____

Address:_____

Lot Number:_____ Division:_____ Section:_____ No. of Graves:____

Base Length:_____ Width:_____ Height:_____

Die Length:_____ Width:_____ Height:_____

Marker Length:_____ Width:_____ Height:_____

Sub Base:_____ Width:_____ Height:_____

FACE VIEW SIDE VIEW

Approved _____ Date_____
Sexton or Commission Chairman