



For Office Use Only Cross-Reference: _____ Block(s): _____ Plot(s): _____

Cemetery Plot Staking/Monument Marking Request Form

Date of Request:	Request Made By:
Telephone #:	Email Address:
Mailing Address:	
Business (if applicable):	

Type of Request: Plot Staking (\$25.00) Monument Marking (\$15.00)

Location of Interment

Cemetery:	Block:	Plot:
Plot Owner:		
Other Names Associated with the Plot:		

Beneficiary of Interment Right (Decreased individual to be interred in the cemetery plot).

Name (First and Last):		
Date of Birth:	Date of Death:	U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Expected Date of Burial/Installation of Marker:	Type of Internment: <input type="checkbox"/> Traditional <input type="checkbox"/> Natural <input type="checkbox"/> Cremation	
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer. <input type="checkbox"/> Prefer to self-describe _____		
Race/Ethnicity (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiiin or other Pacific Islander <input type="checkbox"/> Spanish, Hispanic, or Latino <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other: _____		

I have read, understand, and agree to follow the rules and regulations of the Town of Carrboro Town Code, Chapter 13.

Signature of Custodian or Authorized Agent

Date

Signature of Cemetery Representative

Printed Name of Cemetery Representative