

# ONEIDA CHARTER TOWNSHIP HEADSTONE/MONUMENT FOUNDATION ORDER FORM

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

Name(s) of Deceased: \_\_\_\_\_

Ordered by: \_\_\_\_\_

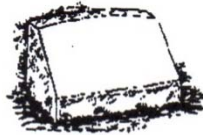
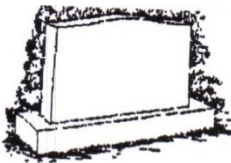
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Requested Foundation Completion Date: \_\_\_\_\_

Cemetery (check (X) one):  Pioneer  Strange  Union

Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

Check (X) headstone type below: (footstones are not permitted).



Shared Headstone:  Yes  No

Size of Headstone: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Height: \_\_\_\_\_

Total Foundation Cost: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

**\*\*Foundation total cost is calculated using the *headstone base*, Length X Width X (\$.50/square inch). Minimum foundation cost is \$100.00. Foundation total cost calculation includes the 3" – 4" border around the headstone base.**

Supplier of Headstone and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Headstone Installer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Send order form and check or money order payable to: **Oneida Township  
11041 Oneida Road  
Grand Ledge, MI 48837**

Phone: 517.622.8078

Fax #: 517.622.8671

Email: [tcampbell@oneidatownship.org](mailto:tcampbell@oneidatownship.org)

---

TO BE COMPLETED BY TOWNSHIP CLERK/SEXTON

Received by: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

Size of Foundation: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Total Foundation Cost: \_\_\_\_\_

Work Order Issued to: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_