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*Rose Hill Cemetery*

*Monument Installation Permit*

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

Monument Company: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

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Purchaser of Monument: \_\_\_\_\_

Lot Owner of Location & Placement of Marker: \_\_\_\_\_

Location: Block: \_\_\_\_\_ Section: \_\_\_\_\_ Lot: \_\_\_\_\_

Marker Size: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Vase Kind (if used): \_\_\_\_\_

Estimated Date to Install Marker: \_\_\_\_\_

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Each monument must have a secure foundation. All footstones must be flush with the ground. The location of monuments or footstones must be approved by Rose Hill Cemetery personnel before any work may begin.

Any questions, please contact Brookfield City Hall at 660-258-3377.

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Forms can be faxed or mailed.

**Attn: Rose Hill Cemetery**

Fax# 660-258-4129

Address: 116 W Brooks, Brookfield, MO. 64628

*Monument marking fee of \$50.00 must be paid prior to installation.*

Approved by:   X