The Midway City Cemetery Monument Placement Request Form Monument Placement Information

Please fill out the following form and email it to:

tjensen@midwaycityut.gov and tlarson@midwaycityut.gov

and also call

Travus Jensen 435-654-3223 X126

Request must be submitted 48 hours prior to requested date so that the grave can be marked.

There is no monument/headstone setting Oct. 15 - April 15

All other requests weather permitting

Requested Date of Placement:		
Monument Company Name:		
Monument Company Employee Nar	me:	
Monument Company Phone Number	er:	
Monument Company Email Address	»:	
Family Contact Name:		
Family Contact Phone Number:		
Family Contact Email:		
Monumen	t/Headstone Plac	cement Information
Burial Plot Owner's Name: Name or Names of the deceased:		
		Maximum Height Allowed: 36"
Monument type: (Please check all th		<u> </u>
Flat:	Upr	right:
Bench Style:	Cremation:	
Single:	Doı	uble:
Triple		
Standard/Traditional: husband on th	e South and wife	on the North:
Non-traditional: husband on the No	rth and wife on th	e South: