



City of Bangor Cemetery Foundation Order Form

**Cemetery
(Check One):**

Arlington Hill (Old Section)
Arlington Hill West (New Section)

Name of Person Ordering

____ - ____ - ____
Phone Number

____ / ____ / ____
Todays Date

**Headstone Type
(Check One):**

Single

Double

Family

For the Grave(s) of: _____

Required Foundation Dimensions in Inches:

Length _____ Width _____

Notes:

Cost Calculation:

length x Width x .35= Total Cost

Remit payment to:

**City of Bangor
257 W Monroe St
Bangor MI 49013**

Clerks Use Only:

Grave Location: Block _____ Lot _____ Plot _____

Payment received by: _____

Amount Received: \$ _____

____ / ____ / ____
Todays Date

Date Foundation was Poured ____/____/____