



Department of Public Works  
Parks and Recreation Division  
2200 Milwaukee Road  
Beloit, Wisconsin 53511

608-364-2867 (Office)  
608-364-2863 (Fax)  
beloitwi.gov  
Equal Opportunity Employer

EASTLAWN & OAKWOOD CEMETERIES

**CEMETERY MARKER/MONUMENT  
INSTALLATION PERMIT**

Name of Cemetery: \_\_\_\_\_

Name(s) Inscribed: \_\_\_\_\_

Grave Location/Description: \_\_\_\_\_

**TYPE OF STONE:**

- Cremains Pedestal \_\_\_\_\_
- Bevel \_\_\_\_\_
- Bronze \_\_\_\_\_
- Estate Columbarium \_\_\_\_\_
- Slant \_\_\_\_\_
- Veteran Marker \_\_\_\_\_ *(Fee waived for Government issued marker)*
- Monument \_\_\_\_\_

Dimensions of Foundation & Marker/Monument: \_\_\_\_\_

**CONTRACTOR RECORDING FEE: \$40.00 (2025 Rate)**

Cash     Check     Credit Card  
*Permit and receipt will be issued upon payment)*

Proposed Install Date of Foundation: \_\_\_\_\_

Proposed Install Date of Marker/Monument: \_\_\_\_\_

Installation Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Monument Company Representative)*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*(Print name)*

Permit Approved: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Cemetery Staff)*

\_\_\_\_\_  
**Date**

REQUEST TO HAVE SITE MARKED/FLAGGED:     Yes     No

**NOTE: ON-SITE PERMIT REQUIRED AT TIME OF INSTALLATION.**