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GRAVE NEEDS FIXING FORM

Please fill out and fax this form to our office to be handled

Funeral Home Requesting: _____

Person Requesting: _____

Deceased: _____ Date of Death: _____

Cemetery: _____

Cemetery Address: _____

Actions Needed:

Grave Has Sunk, Needs Dirt

Grave Has Sunk, Needs Gravel Added

Needs Coping Put Back

Needs Marker or Bench Put Back

Needs Concrete Grave Cover

Other (Please Explain): _____

(For LVMC office use only)

_____ Date put on schedule for repair

_____ Is this a billable repair?

_____ Completed Date Completed: _____

_____ Billed (If applicable) Date Billed: _____