

**ATTACHMENT 6**  
**DAILY HEADSTONE RAISE & REALIGN VERIFICATION SURVEY**

Station Number: \_\_\_\_\_

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

Cemetery: \_\_\_\_\_

Cemetery Director: \_\_\_\_\_

COR: \_\_\_\_\_

Instructions: Prior to the completion of the workday, the Cemetery Director/COR/Foreman/Work Leader/designee MUST perform a re-verification survey for ALL completed work of headstones included in the scope of work. The Cemetery Director/COR/Foreman/Work Leader/designee will use the original Burial Register Report and Gravesite Layout Map used for the Initial Verification Survey.

List Sections and Headstones R&R: \_\_\_\_\_

List discrepancy/issue: \_\_\_\_\_

All discrepancies/issues resolved: Y/N \_\_\_\_\_

Cemetery Director/COR/Foreman/ Work Leader/designee informed MSN Director and Contracting Officer of all unresolved discrepancies/issues: Y/N \_\_\_\_\_

By signing below, I certify the Headstones re-verification survey was completed.

**Daily Headstone Verification:**

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

**Time Completed:** \_\_\_\_\_

COR/Director/Foreman/Work Leader/designee Signature: \_\_\_\_\_