

DATE

ORDER NO.

ENCLOSED _____ PLEASE INVOICE _____ SECTION NO. _____ LOT NO. _____ (If Required By Cemetery)

Cemetery Name _____ Address _____
 City _____ State _____ Zip _____ Cemetery Phone _____ ☐ DROP-OFF ONLY

GRANITE

Tablet _____
 Slant _____
 Base _____
 Bevel _____
 Flush _____
 Color _____

SHAPE

- ☐ Serp Top
☐ Oval Top
☐ Straight Top
☐ Custom (*Below*)

FINISH

- ☐ Polish 1
☐ Polish 2
☐ Polish 3
☐ Polish 5
☐ Other

FOUNDATION

- ☐ Gemstone
☐ Cemetery
☐ Other _____

VASES

☐ Granite Qty. _____
☐ Metal
 Size/Style _____
 Color _____

BRONZE

- ☐ Veteran Match ☐ Specialized

Size _____

Design _____

☐ Granite Backer _____**EXTRAS**

- ☐ Attach VA Plaque
☐ Family Name on Back
☐ Ceramic Qty. _____
☐ B&W Etching

----- DESIGN INFO HERE - PLEASE CHECK SPELLING, DATES & NAME PLACEMENT -----

LOT NO. _____

CEMETERIANS NOTES: (Please advise receipt and acceptance of the order promptly, especially position of names as well as size and type of memorial.)

Section: _____

Lot: _____ Grave(s) _____

Submitted By: _____ Date ____/____/____ Approved By: _____ Date ____/____/____

Date Recived Back
 from Cemetery: _____

Date Foundation
 Was Completed: _____ Date ____/____/____