



# Commemorative Cemetery Monument

## Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Secondary Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Plaque Information:

Circle and say number desired:

\_\_\_ SINGLE OR \_\_\_ DOUBLE

Name of Individual/s as will appear on Plaque :

\_\_\_\_\_

Corresponding Year dates of individual/s above:

Birth Date: \_\_\_\_\_ Death Date: \_\_\_\_\_

Payment Method (CIRCLE):

Credit-Card/ Cheque/ Cash

Payment Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

## Examples Of Plaques:

Single Plaque:

Jim L. Smith
1950 2015

Double Plaque:

Smith	
John	Jane
1950-1999	1950-2015

OFFICE USE
Plaque location: _____

DATE: \_\_\_\_\_