

MEMORIAL CUSTOMER/CONTACT INFO SHEET

Date: _____ Info Packet Requested: _____

Customer Name: _____ Phone: _____ Cell: _____

Street Address/POB: _____ E-mail Address: _____

City, State, Zip: _____ Where did they hear about us: _____

Alt. Contact: _____ Phone: _____ Cell: _____

Alt. Street Address/POB: _____ Alt. E-mail Address: _____

City, State, Zip: _____ Where did they hear about us: _____

Deceased Name: _____ Birth: _____ Death: _____

Deceased Name: _____ Birth: _____ Death: _____

Cemetery: _____ Plot Location: _____

Number of plots owned: _____ Placement of Monument: _____ Setting Date: _____

MEMORIAL PREFERENCES/INTERESTS

Monument Type/ Stone:

- Monument Slant Bevel Flat Mountain Bronze
 Georgia Gray Dakota Mahogany Black Granite Blue Pearl

Size: _____ Foundation: _____ Base: _____

Font:

- Tiffany Bold Murphy Script Zurich Calligraphic Monument Bold
 Monument Condense Romano Classico US Government (Veteran) Vermanco

*see font style guide

Vases: _____ Artwork: _____ Picture: _____

Epitaph: _____ Deceased Interest: _____

Epitaph font: _____ Name and Date font: _____

Comments:
