



535 N. Washington Street
 Greenfield, Ohio 45123
 937-981-2566
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ENGRAVING DATE OF DEATH

Date Ordered: _____

Name of deceased: _____

Cemetery: _____

Section: _____ Lot: _____ Grave: _____ or Description: _____

Date of death or name to be cut: _____

Address: _____

Phone: _____

Bill to be paid by: _____

Total Amount Due: _____ **\$265.00** _____

THE HIGHLIGHTED PORTION MUST BE FILLED OUT COMPLETELY FOR EITHER DATE OF DEATH
 ENGRAVING OR VA MARKER INSTALLATION

TYPE OF VA MARKER TO INSTALL

Flat Bronze: _____

Flat Marble: _____

Flat Granite: _____

Bronze Niche: _____

Upright Marble: _____

Upright Granite: _____

On Backside of monument: _____ **At foot of grave:** _____

Total Amount Due: _____

THANK YOU FOR THE OPPORTUNITY TO BE OF SERVICE