

Work Order For Engraving Death Date

Your name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to deceased:

\_\_\_\_\_

Name of deceased: \_\_\_\_\_ Date of death: \_\_\_\_\_

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

Single \_\_\_\_\_ If double, list other name on stone: \_\_\_\_\_

General Location of stone in the cemetery: \_\_\_\_\_

\_\_\_\_\_

Service Charge: \$ \_\_\_\_\_

Sales tax: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

\_\_\_\_\_  
Client Signature

*Land J. Harris*  
\_\_\_\_\_  
Salesman Signature

