



**DOH SERVICES, INC.
MONUMENT BUILDERS**

MEMORIAL DEALER _____

DATE OF ORDER _____
COUNSELOR _____

PHONE _____ FAX _____

EMAIL _____

SEND PROOF VIA : EMAIL FAX

CEMETERY _____ GRAVE _____ LOT _____ BLOCK _____ SECTION _____

MEMORIAL TYPE	GRANITE	SIZE	(Select)	FINISH
FLUSH - MARKER				Pol. Top, Sawn Sides
				Other:
HICKEY - MARKER				Pol. Top, Rock Sides
				Other:
SLANT - MARKER				Pol. Face, Sawn Back, BRP
			Check one	Serpentine Oval Straight
				Other:
MONUMENT DIE			Check one	Polish: 2 3 5
			Check one	Serpentine Oval Straight
				Other:
SLANT OR MONUMENT BASE				Pol. Top, Rock Sides
				Other:

DESIGN: _____ REVERSE DESIGN: YES NO DUPLICATE: YES NO RUBBING ENCLOSED:

LETTERING (Check One): Roman Vermarco Other _____ CARVING (Check One): Flat Shaped

ETCHING: YES NO SIZE _____ CERAMIC: YES NO SIZE _____

LITHO: YES NO COLOR _____ FAMILY NAME ON BACK: YES NO

AS YOU FACE THE MEMORIAL _____ IS ON THE LEFT FULL SIZE: YES NO
(NAME)

OTHER DESIGN INFORMATION: _____

INSCRIPTION: Show all lettering as it will appear on the stone. Only what is shown will be engraved regardless of what is on the design selected.
