



DOH SERVICES, INC.
MONUMENT BUILDERS

DATE OF ORDER _____

MEMORIAL DEALER

COUNSELOR _____

PHONE _____ FAX _____

EMAIL _____

SEND PROOF VIA : EMAIL FAX
CHOOSE ONE

CEMETERY _____

GRAVE _____ LOT _____ BLOCK _____ SECTION _____

TYPE OF GRANITE _____

MEMORIAL TYPE	SIZE	(Select)	FINISH	DESIGN INFORMATION	
FLUSH - MARKER			Pol. Top, Sawn Sides	DESIGN #:	
			Other:	REVERSE DESIGN	YES NO
HICKEY - MARKER			Pol. Top, Rock Sides	DUPLICATE	YES NO
			Other:	RUBBING ENCLOSED	YES NO
SLANT - MARKER			Pol. Face, Sawn Back, BRP	LETTERING (Select One)	
		Select one	Serpentine Oval Straight	Roman	
			Other:	Vermarco	
MONUMENT DIE		Select one	Polish: 2 3 5	Other (name)	
		Select one	Serpentine Oval Straight	CARVING (Select One)	FLAT SHAPED
			Other:	ETCHING	YES SIZE
SLANT OR MONUMENT BASE			Pol. Top, Rock Sides	CERAMIC	YES SIZE
			Other:	LITHO choose one	YES/NO COLOR
				NAME ON BACK	YES NO
				FULL SIZE	YES NO

AS YOU FACE THE MEMORIAL _____ IS ON THE LEFT
(NAME)

OTHER DESIGN INFORMATION: _____

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