

# Holy Family Monuments

900 New Highway  
 Farmingdale, NY 11735  
 1-631-694-4830

Date \_\_\_\_\_ Phone # \_\_\_\_\_

Purchaser \_\_\_\_\_

Address \_\_\_\_\_

(Existing)  
 Surname \_\_\_\_\_

(Existing)  
 First \_\_\_\_\_

To Be Inscribed: \_\_\_\_\_

Dates \_\_\_\_\_  
 Under First Name       On One Line

T. of E. \_\_\_\_\_

Name On Deed \_\_\_\_\_

Address \_\_\_\_\_  
 If owner is deceased, who is the closest living relative.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

How is the deceased related to the owner \_\_\_\_\_

If purchaser is not sure of existing layout, but wants us  
 to continue the same format Check Here

Inscribe new name to  Left  Right  Under  Above

Which Name \_\_\_\_\_

New Lettering \_\_\_\_\_

## RECEIVED

- Deed
- Application
- Affidavit
- Fd. Fee
- Payment
- Order

## WILL MAIL

- 
- 
- 
- 
- 

Section \_\_\_\_\_

Range \_\_\_\_\_

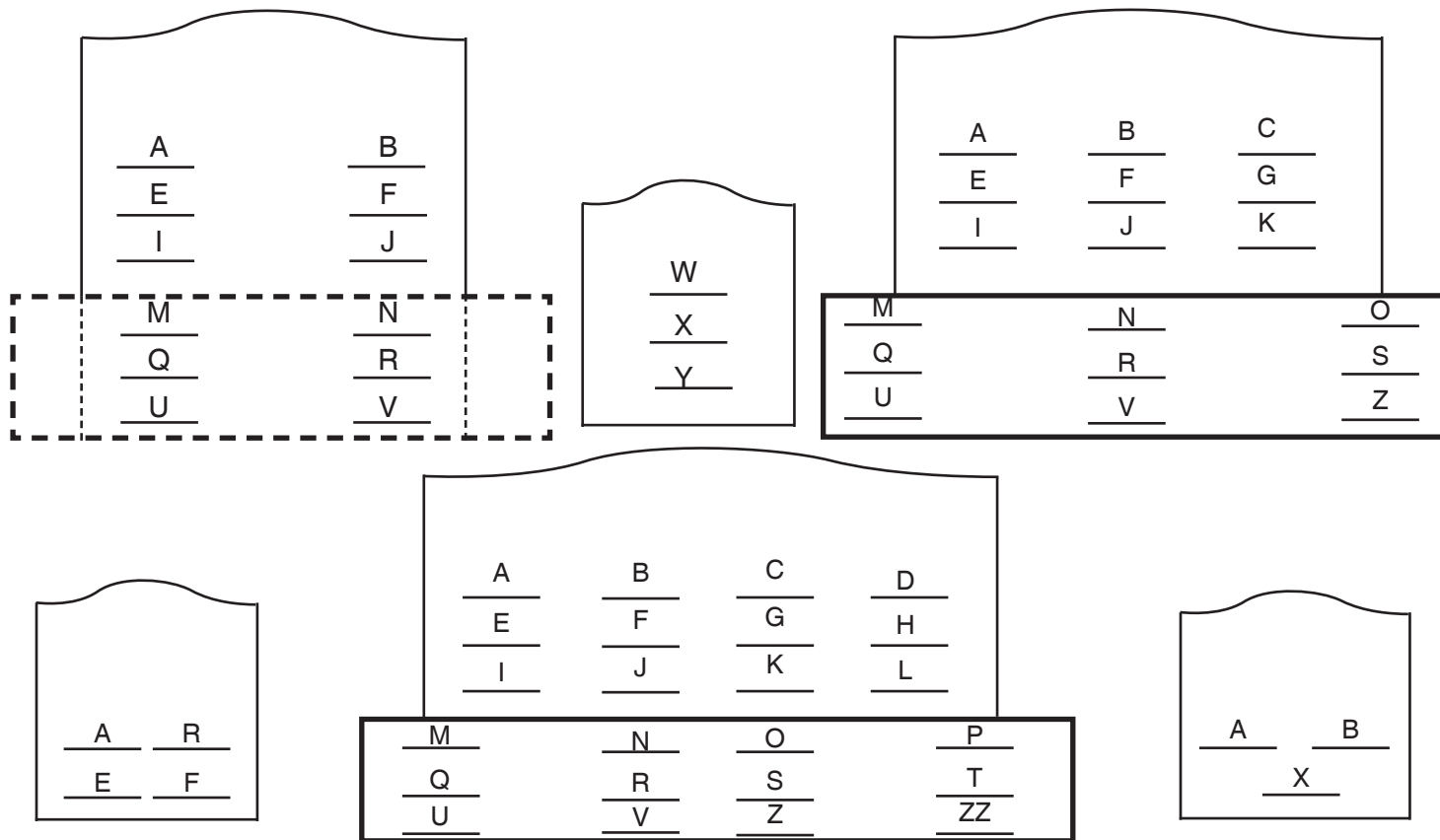
Grave \_\_\_\_\_

Cemetery \_\_\_\_\_

Date Deceased \_\_\_\_\_

\_\_\_\_\_ # of future burials

Sum of	
Optionals	
Total	
Cemetery Fees	
Total	
Deposit	
Balance	



**BASE:** Size \_\_\_\_\_ Color \_\_\_\_\_ (Regulation Finish)

Total Cost \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Purchaser \_\_\_\_\_ By \_\_\_\_\_

Cancelled orders are subject to a cancellation charge of 20% of total price.