

# MEMORIAL WORK ORDER

**\*PLEASE ONLY ORDER ONE MEMORIAL PER SHEET\***

DATE: \_\_\_\_\_

**CALVARY CEMETERY ASSOCIATION**  
 1625 Calvary Dr.  
 Dayton, OH 45409  
 937-293-1221  
 www.calvarycemeterydayton.org

ALL NAMES ON MEMORIAL: \_\_\_\_\_ MONUMENT FIRM: \_\_\_\_\_

CUSTOMERS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CUSTOMER PHONE NUMBER: \_\_\_\_\_ SALESREP SIGNATURE: \_\_\_\_\_

Graves must be paid in full prior to approval of memorial installation.

**SETTING FEE: \$\_\_\_\_\_ \*PAYMENT MUST ACCOMPANY THIS FORM\***

**\*ALL FIELDS MANDATORY\***

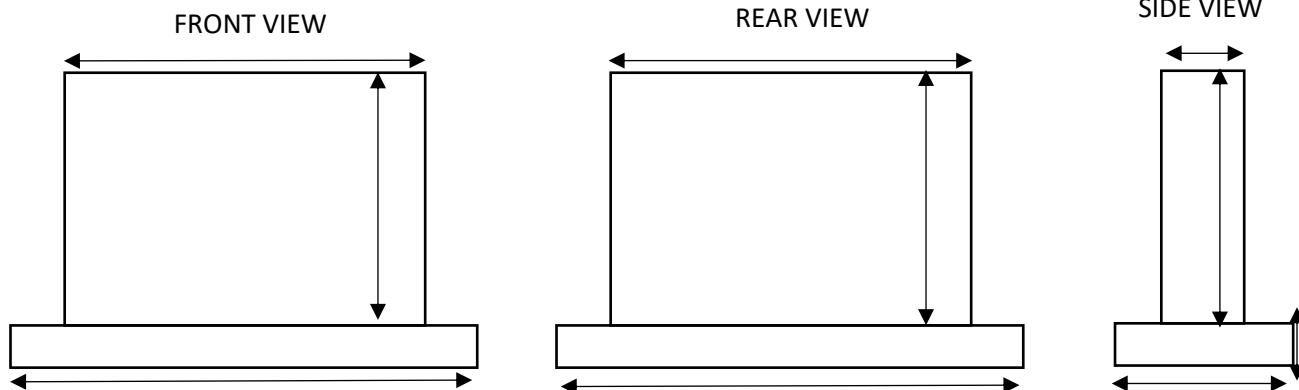
\*  
 SECTION \_\_\_\_\_  
 LOT: \_\_\_\_\_  
 SPACE #: \_\_\_\_\_

<b>MONUMENT</b>	
NUMBER OF GRAVES: _____	
SIZE OF BASE: _____	_____
LARGER/ HEAVIER FOUNDATION? <input type="checkbox"/>	
PRE-POURED? <input type="checkbox"/>	TO BE POURED? <input type="checkbox"/>
<b>MONUMENT FOUNDATION INFO</b>	
POURED DATE: _____	
MARKED-OFF DATE: _____	

FLUSH MARKER	SIZE
GRANITE? <input type="checkbox"/>	
BRONZE? <input type="checkbox"/>	
BACKER? <input type="checkbox"/>	

VASE:	TYPE/STYLE
INGROUND? <input type="checkbox"/>	
ATTACHED TO MONUMENT? <input type="checkbox"/>	
CRYPT? <input type="checkbox"/>	

**ENTER ALL SIZE DIMENSIONS ON DIAGRAMS BELOW**



**INCLUDE DRAWING WITH ORDER & PAYMENT. REFER TO MEMORIAL REGULATIONS FOR SIZES & RESTRICTIONS PERTAINING TO THE SPECIFIC SECTION IN THE CEMETERY. THESE RULES MUST BE STRICTLY ADHERED TO FOR APPROVAL AND ORDERS MUST BE APPROVED BEFORE FABRICATION.**

DATE PAID: \_\_\_\_\_ CEMETERY APPROVAL: \_\_\_\_\_

Delivered: \_\_\_\_\_