

HOPE CEMETERY (OTTAWA - CARLETON) CIMETIERE DE L'ESPOIR

WORK ORDER

Date: _____ Customer # _____

Section: _____ Lot/Grave: _____ Name on Monument: _____

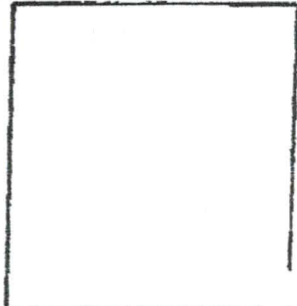
Holder: _____
Print

Address: _____

Postal Code: _____ Tel: _____ Work: _____

I am the Interment Rights Holder and I have retained the services of **LAURIN MONUMENTS**

to do the following work: _____



RAISED MARKER:

	Width		Thickness		Height
Dimension: die stone	_____	X	_____	X	_____
Dimension: base	_____	X	_____	X	_____
Dimension: foundation	_____	X	_____	@ \$	_____

= \$ _____

FLAT MARKER BRONZE [] GRANITE []:

Dimension: marker	_____	X	_____
Dimension: base	_____	X	_____

Installation fee: \$ _____

CONTRIBUTION TO CARE & MAINTENANCE: \$ _____ + GST \$ _____ = \$ _____

OTHERS: _____ = \$ _____

TOTAL: \$ _____

Signature of interment rights holder: _____ Date: _____

Signature of purchaser: _____ Date: _____

Signature of dealer:  _____ Date: _____

Signature/approval of cemetery representative: _____ Date: _____

Payment included YES [] NO [] Amount \$ _____ Document # _____