CIMETIERE NOTRE-DAME NOTRE-DAME CEMETERY

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: Placement of new headstone

_____

_____

RAISED MARKER: Width Thickness Height

Dimension: die stone _____ X _____ X _____

Dimension: base _____ X _____ X _____

Dimension: foundation _____ X _____ @ $ _____ = $ 0

FLAT MARKER BRONZE [ ] GRANITE [ ]:

Dimension: marker _____ X _____ Installation fee: $ _____

Dimensoin: base _____ X _____

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 # _____

[illegible] TEL: (613) 745-4175 FAX: (613) 748-3954