CIMETIÈRE ST-JOSEPH D'ORLÉANS



ST.JOSEPH CEMETERY OF ORLÉANS

WORK ORDER

Date:		Customer #		
Section:	Lot/Grave:	Na	me on Monument: _	·
Holder:		Print		
	,8			,
	•			
Postal Code:	Tel:	1	Work:	
I am the Interment Rights	Holder and I have reta	ained the service	s of LAURIN N	MONUMENTS
to do the following work:			the state of the s	
			*	·
				. 1
RAISED MARKER:	Width	Thickness	Height	
Dimension: die stone	x	x		
Dimension: base	X	x		
Dimension: foundation	, X	@		= \$
FLAT MARKER BRONZE [] GRANITE []:				
Dimension: marker	X			Installation fee: \$
Dimensoin: base	X	-		
CONTRIBUTION TO CARE & MAINTENANCE: \$ + GST \$ = \$				
OTHERS:				= \$
				TOTAL: \$
Signature of interment right	s holder:	1		Date:
Signature of purchaser:				Date:
Signature of dealer:			*	
Signature/approval of cemet	ery representative:			Date:
Payment included YES [] NO [] Amount S Document #				