

Cascade Monuments - Design Request

Client Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____ Phone _____

Marker Style/Name _____

Marker Item # (If known) _____

LETTERING - LEFT name _____

• LEFT - Date of Birth _____

• LEFT - Date of Death _____

LETTERING - RIGHT name _____

• RIGHT - Date of Birth _____

• RIGHT - Date of Death _____

Only ONE name on marker? Yes No, two as shown

Family **SURNAME** _____

EPITAPH Additional LETTERING (25 Included) _____

EMBLEMS? Yes No

If yes, Emblem #1 _____

Emblem #2 _____

Emblem #3 _____

Special Requests, Requirements:

Cemetery Name

Cemetery Address _____

Cemetery City _____ State _____ Zip _____

Cemetery E-mail Address _____ Phone _____

Client Budget estimate: \$ _____

Client Insurance Information (If Any) _____

