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(Last Name on Marker)

**MT. AVON - GRAVE MARKER  
FOUNDATION TO BE SET**

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(Names of Deceased Appearing on Marker)

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(Purchasing Agent and Phone)

Add. \_\_\_\_\_ Single \_\_\_\_\_  
Sec. \_\_\_\_\_ Double \_\_\_\_\_  
Lot \_\_\_\_\_ Flush \_\_\_\_\_  
Spc.(s) \_\_\_\_\_ Upright \_\_\_\_\_  
Bronze \_\_\_\_\_  
Granite \_\_\_\_\_

Size: L \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

Date Paid \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date Set \_\_\_\_\_

**FILL IN ALL APPROPRIATE SPACES**