



MEMORIAL ITEM ORDER FORM

Date Ordered _____

Date Req. _____ Time Req. _____ am pm
(choose one)

Mortuary/Funeral Home _____

Contact _____

Phone _____

Quantity _____ Half Fold Quarter Fold

Deluxe Boxed Set

Quantity _____ Enlargement of Cover

COVER Background # _____

Description: _____

Personal Photo NO PERSONAL PHOTO

QUOTE UNDER PHOTO (choose one):

In Remembrance In Loving Memory

In Loving Memory of _____

Other: _____

VERSE (Choose One):

Description: _____

Notes: _____

USE THE TAB KEY ON YOUR KEYBOARD TO NAVIGATE THIS FORM

KEEP ONE FILE COPY OF ALL INFORMATION.
FAX TO SUNSET MARKETING: 760-243-9810

PERSONAL INFORMATION:

Name _____

Born _____

Where _____

Died _____

Where _____

SERVICE:

Memorial Funeral Graveside

Other _____

Day _____

Date _____

Time _____

Place _____

DISPOSITION:

Memorial Interment Inurnment

Scattering Other _____

Day _____

Date _____

Time _____

Place _____

Officiant(s) _____