

Bronze Memorial Order Form

373 John St, Box 268 Neustadt, ON N0G 2M0

1-800-265-0426

Fax: 1-519-799-5954

DATE _____

PO# _____

CUSTOMER # _____

BILL TO: _____

SHIP TO IF DIFFERENT: _____

PHONE: _____

EMAIL: _____

FAX: _____

CONTACT: _____

BRONZE MEMORIAL

TIMELESS SENTIMENTS
*Vector art required. U.S. GOVERNMENT MATCH W-N ART BRONZE NICHE

ITEM NUMBER: _____ SIZE: _____ BORDER DESC: _____
(Refer to Memorial Item Number Document)

ATHENS VASE TUSCAN VASE NO VASE

SCROLL

DATE FORMAT: NO SCROLL-CAST INTEGRAL STANDARD UNICAST CLASSIC UNICAST
 YEAR ONLY
 Month/DD/YYYY ADDITIONAL INFO: _____

LETTER STYLE

FLAT OVAL US GOVERNMENT

COLOR

DARK BROWN LIGHT BROWN BLACK MAROON
 GREEN DARK BLUE OTHER: _____

EMBLEMS

| | | | |
|----------------------------|-------------------|--------------------------------|----------------------------|
| (1) STANDARD ITEM #: _____ | (5) CUSTOM: _____ | <input type="radio"/> SCULPTED | <input type="radio"/> FLAT |
| (2) STANDARD ITEM #: _____ | (6) CUSTOM: _____ | <input type="radio"/> SCULPTED | <input type="radio"/> FLAT |
| (3) STANDARD ITEM #: _____ | (7) CUSTOM: _____ | <input type="radio"/> SCULPTED | <input type="radio"/> FLAT |
| (4) STANDARD ITEM #: _____ | (8) CUSTOM: _____ | <input type="radio"/> SCULPTED | <input type="radio"/> FLAT |

LAYOUT & ARTWORK

| | | | |
|------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> COMPANION | <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> SKETCHED LAYOUT BELOW | <input type="checkbox"/> DRAWING ATTACHED |
| SURNAME: _____ | | <small>(Use number to show emblem location)</small> | |
| FIRST NAME: _____ | | | |
| BIRTH DATE: _____ | | | |
| DEATH DATE: _____ | | | |
| SECOND NAME: _____ | | | |
| BIRTH DATE: _____ | | | |
| DEATH DATE: _____ | | | |
| ADDITIONAL INSCRIPTION: _____ | | | |
| _____ | | | |