



# Master Craft Memorials

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## Passing Date/Inscription Order

( ) Single (Flat/Upright) ( ) Double (Flat/Upright) Monument Color \_\_\_\_\_

**Name of Deceased:** \_\_\_\_\_

Spouse or other name on double monument \_\_\_\_\_

## Passing Date/Inscription

To be completed by client

**Cemetery** \_\_\_\_\_ **County** \_\_\_\_\_

Please give directions inside the cemetery \_\_\_\_\_

Upon Completion, Please Notify

Name \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Ordering and Approving Work

**Master Craft will not be responsible for any information given that is not correct.**

**Please make sure that the date and spelling of any names is correct.**

No work will be completed until paid in full. Please make checks payable to: **Master Craft Memorials**

Unless circumstances beyond our control, work will be completed within 90 days.

You will be contacted at the above email or phone number when the work is completed.

**Amount Due** \_\_\_\_\_