



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 _____