

THE MANCHESTER CREMATORIUM LIMITED

STONEMASON TABLET & NICHE REQUEST FORM

Date of Order _____

I.D. NO. _____

Deceased Name _____

Cremation Ref. No. _____

Tablet Niche Recordia No. (please circle requirement) _____

Number of Lines to be left after 1st inscription?	Colour Req on Inscription: Gold or Paint (please circle requirement)	No. of Items per line
Total no. of items required =		

Proof to be sent to:		Niche or Tablet - no. of years	Years	£
Name:		Gold Inscriptions	£ X Letters	£
Address:		Painted Inscriptions	£ X Letters	£
		Re-Paint Inscriptions	£ X Letters	£
		Emblem/Badge		£
		Casket Size: Single/ Double Casket No.		£
Tel. No.		Reface/ New Stone		£
		Open & Close Fee		£
Mobile No.		CA Ashes Away Received		£
E Mail		GRAND TOTAL =		£

Works Ref. No.	Date Proof Ordered	Date Proof to Customer	Date Paid	Invoice No

Additional Comments or Instructions: