



TEXAS GRAVESTONE CARE

WORK REQUEST

COMPANY:	PHONE
CONTACT NAME:	EMAIL
CEMETERY:	SECTION: LOT: SPACE:
CEMETERY ADDRESS:	
ORDERING GRANITE:	ORDERING TGC CAMEO(S): ON-SITE: RUSH: DUE: ____ / ____
SETTING:	FOUNDATION: DROP OFF: PICK UP: OTHER:

1ST DECEDENT NAME: DOB: ____ / ____ / ____ DOD: ____ / ____ / ____	GRANITE COLOR: MARKER: LEDGER: SLANT: HEART: BEVEL: BENCH: DIE: OTHER: FINISH: BRP: P2: P3: P5:
2ND DECEDENT: DOB: ____ / ____ / ____ DOD: ____ / ____ / ____	DIMENSIONS: BASE FINISH: BRP: 2" PM: ALL POLISH: BASE DIMENSIONS:

CAMEO (cm):	CAMEO RECESS:	VASE #:	VASE SIZE:	VASE FINISH:
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ENGRAVING TYPE: SANDBLAST: LASER: BOTH:	LAYOUT NOTES / DESIGN:
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CARVING TYPE: SHAPE: FLAT:	LETTERING TYPE: V-SUNK: U-SUNK: SKIN-FROST: OUTLINE:	LITHO COLOR: BLACK: CLEAR: HILIGHT: WHITE: NO LITHO: OTHER:
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Default Engravings: If selections are left blank, we will engrave the memorial per our production's standard engraving.

ADDITIONAL NOTES:

I understand that failure to complete this work request and provide adequate information will result in order delay. Only orders with complete work requests will be submitted into production. All incomplete order submissions will NOT be processed until all information is provided and a layout has been approved. If you need any assistance submitting this form, please contact us.

SIGNATURE: _____ DATE: ____ / ____ / ____

*OFFICE USE ONLY

Cameo:	PLT:	SUB:	COMPLT:
Granite Order:	Foundation:	Install:	_____ / _____