

Peace of Mind Memorials

260 Myrtle Dr. S. Annandale, MN 55302
Toll Free 877-266-2335

Please complete and mail to Peace of Mind Memorials if you are ordering your product through the mail.
Mail to **Peace of Mind Memorials, 260 Myrtle Dr. S. Annandale, MN 55302, Attn: Design Department**

(Please Print)

Customer Name: _____ Relationship _____

Address: _____ Phone: _____

Deliver To:

Cemetery Name: _____ Phone: _____

Cemetery Address: _____

Section/Block _____ Lot _____ Space _____

Other _____

Product Description _____ Size _____

Color _____

#1 Name of Deceased _____

Date of Birth _____ Date of Death _____

Special Design Instructions _____

#2 Name of Deceased _____

Date of Birth _____ Date of Death _____

(Ensure that you have included any middle name or initial if you would like that on the design)

I authorize Peace of Mind Memorials to my charge credit card account for above stated purchase.

Visa/Master Card/Discover account # _____

Expiration Date _____

Full Name on credit card _____

Dollar Amount Authorized \$ _____

Authorized Credit Card Holder Signature _____

Printed Name _____

Date _____