

FOUNDATION ORDER FORM

Jewish Memorial Gardens
21 Nadolny Sachs Private Ottawa ON K2A 1R9
Tel: 613.805.3530 Fax: 613.798.9839 Email: executivedirector@jewishmemorialgardens.org

Order Date: _____

Dealer Name: LAURIN MONUMENTS

Address: 213 York Street Ottawa ON K1N 5T7

Tel: 613.789.0417 Fax: 613.789.4429

Owner of Lot/Plot: _____

Name of Deceased: _____

Address: _____

Unveiling Date: _____

Tel: _____

Care Fee: _____

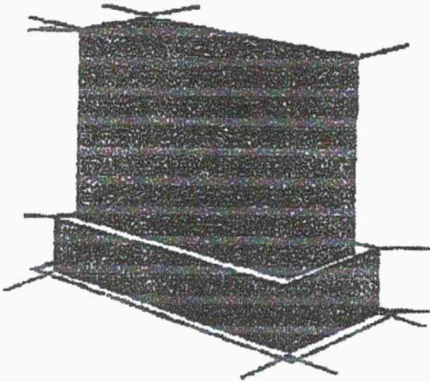
Processing Fee: _____

Cemetery

Sect.

Row

Lot



Foundation perimeter must be 2" larger than the base.

Die Size: ____ X ____ X ____

Base Size: ____ X ____ X ____

Foundation Size: ____ X ____

Style

Burial Side

@ \$1.00 SQ. IN = \$ _____ (HST) 13% \$ _____ Total \$ _____

Fees

(Dealer Signature)

(Lot Owner's Signature)

Cemetery Approval By: _____ Date: _____

Cemetery approval must accompany this Foundation Order. No Foundation will be made without payment in full. Foundation to be completed within 2 weeks of receipt of order, weather permitting. Foundation to be poured according to specifications provided by Jewish Memorial Gardens. Care Fee should be paid directly to Jewish Memorial Gardens.