

OAKLAWN CEMETERY



MEMORIAL BRICK PROGRAM



NAME: _____

STREET: _____

PO Box: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: _____ DAY [] OR EVENING []

ENGRAVING

LINE 1: _____

LINE 2: _____

LINE 3: _____

UP TO THREE LINES

LIMIT OF 12 LETTERS PER LINE

PRICE \$40.00 PER BRICK

NUMBER OF BRICKS x \$40.00 = _____

MAKE PAYABLE TO: VILLAGE OF STOCKBRIDGE



PO BOX 155

STOCKBRIDGE, MICHIGAN 49285