



Box 2B9 RR1 Site 2, St. Front SK 50E 1M0
jennifer.forevermemorials@gmail.com
Ph# 306-323-4339 or 306-874-7993

Restoration Request Form

Request from Name: _____
Address: _____
Phone #: _____
Email: _____

Bill To Name: _____
Address1: _____
Address2: _____
Phone #: _____
Email: _____

Date of Request: _____
Possible Due Date: _____
Due Date Details: _____

** if there is a family gathering or a cemetery service, that you would like this work completed by, please provide details and we will do our best to have it done)

PLEASE PRINT CLEARLY

Family Name on HeadStone: _____
First Name on Headstone: _____

Restoration Requested: **Cleaning** **Releveling** **Repainting** (circle which apply)

Other possible work: _____

Name of Cemetery: _____

KM: _____

Location of Plot: _____
(ex: SW side, north of John Smith)

(mileage from St. Front)

Other Information: _____

***** Please provide a picture of the monument**

** billing is per cleaning / releveling / repainting and mileage ;
any other possible charges will be discussed and approved by the customer prior to work being done

Date

Customer Signature

Additional Information:

- Restorations, Cemetery Inscriptions and 2nd engravings are done in July and August each year.
- Billing will be sent out after work is completed, along with a photo.
If Billing is required prior to the work being completed just let us know.

Office Use Only:

Date restoration done: _____

Restoration done **ONSITE** **OFFSITE**

Other Info: _____

Cleaning Releveling Repainting

Initials: _____