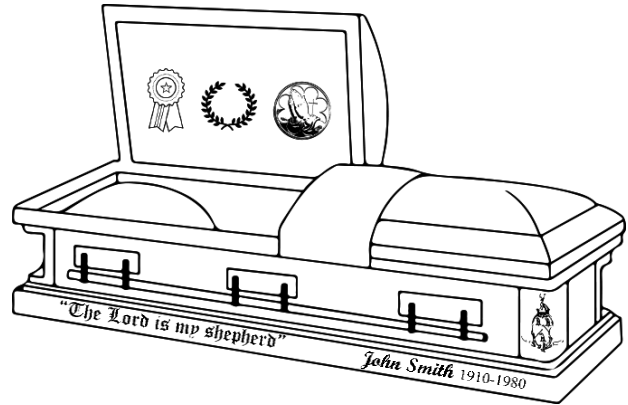
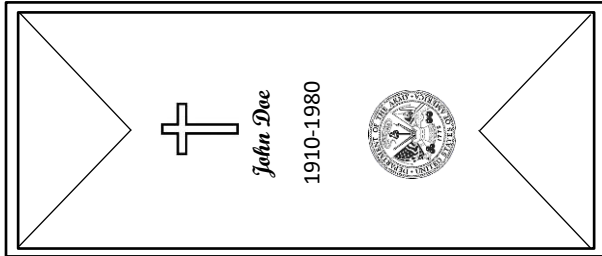


# Casket Engraving Information Sheet



## PLACING AN ORDER:

- Call your sales representative to place your order.
  - Roy Krepps: 484-300-7087
  - Jonathan Dous: 609-929-4039
- Forward the *Casket Engraving Order Form* and the *Engraving Position Options* documents either via fax (610-743-8661) or email to your sales rep:
  - [Roy@OmegaCaskets.com](mailto:Roy@OmegaCaskets.com) (484) 300-7087
  - [Jonathan@OmegaCaskets.com](mailto:Jonathan@OmegaCaskets.com) (609) 929-4039
- Forms must be received no later than **2pm**. If received after 2pm, your order will be considered as received the next business day.

**COST: \$85 for the 1<sup>st</sup> Engraving (Name and Date or an Image/Emblem) \$30 for each additional selection.** Custom images – price will be provided upon approval.

# Casket Engraving Order Form



## GENERAL INFORMATION (Please type clearly)

Date: \_\_\_\_\_  
Funeral Home Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

## CASKET ORDER

Item Number: \_\_\_\_\_ Color: \_\_\_\_\_  Half Couch  Full Couch  
Item Name/Description: \_\_\_\_\_  
Delivery Date Requested: \_\_\_\_\_

## ENGRAVING DETAILS

Text Style: :  *Jane Doe*  *Jane Doe*  Jane Doe  *Jane Doe*  
Image / Emblem Selection from *Priceless Casket Tributes* Catalog: Page # \_\_\_\_\_ Emblem # \_\_\_\_\_  
Deceased Name: \_\_\_\_\_  
Date(s) of Remembrance: \_\_\_\_\_  
*(ie: January 1, 1950 – May 22, 2008 or 1950-2008)*  
Additional Text or Verse: \_\_\_\_\_

If you're submitting a custom photo/image/emblem, you may email your image/emblem\*\* directly to your sales rep: [Roy@OmegaCaskets.com](mailto:Roy@OmegaCaskets.com) or [Jonathan@OmegaCaskets.com](mailto:Jonathan@OmegaCaskets.com). Note, you must still complete and submit the Casket Engraving Order Form.

*\*\*Images must be high resolution to reduce possibility of quality/image loss or pixilation*

## PLACEMENT

*Engraving Position Options form must accompany this form*

Half Couch:  A  B  C  D

Full Couch:  A  B  C

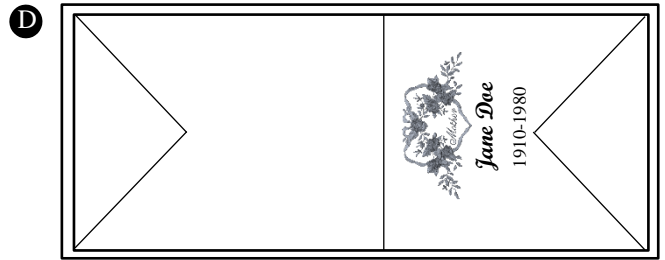
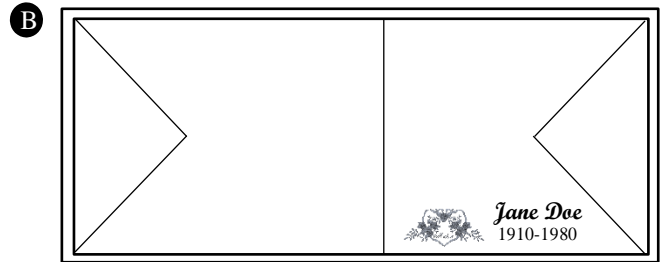
Base Rails:  Y Position:  Left  Center  Right

Custom:  Y *Provide specific details on placement and denote on the Engraving Position Options worksheet using: (I) for the Image placement, (N) for the name of the deceased, (D) for Date(s) of Remembrance, and (O) for Other ~ Additional Text or Verse*

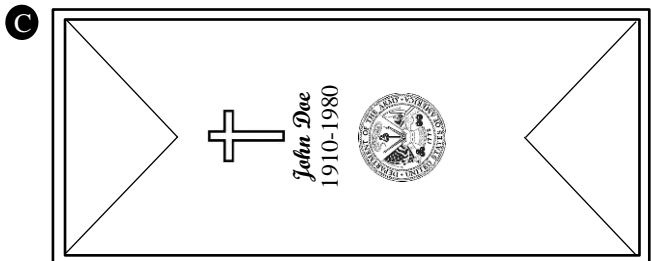
**FUNERAL HOMES MUST FAX THE CASKET ENGRAVING ORDER FORM ALONG WITH THE ENGRAVING POSITION OPTIONS FORM TO (610) 743-8661**

# Engraving Position Options

## Half Couch

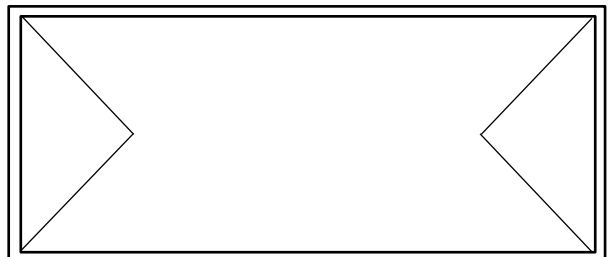


## Full Couch



## Custom

Please denote where the (I) image (N) name (D) date  
(A) additional selection(s) should be engraved.



## Base Rails (Full or Half Couch)

