

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please check if the address listed is new: \_\_\_\_\_

Email: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Would you like to receive your order form letter by email in the future?: \_\_\_\_\_

Name of Loved One(s)	Cemetery	Picture?	# Wreaths	<b>For Cemetery Use Only</b>		
				Lot	Block	Section
			+ \$5	x \$45		
			+ \$2	x \$45		
			+ \$2	x \$45		
			+ \$2	x \$45		
			+ \$2	x \$45		

I wish to pay by:  Visa  MasterCard  
 Discover  Check (enclosed)

Total Cost: \_\_\_\_\_

Check #	
Check Date	
Amount	
Deposit #	
Deposit Date	

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Security Code (3-digit no. on back of card): \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

***I understand there will be a 4% transaction fee added to the total cost for credit card payments.***

Signature: \_\_\_\_\_

Please mail order to:  
Ottumwa Cemetery  
1302 North Court  
Ottumwa, IA 52501