

## 2017 Personalization Order Form

East Office Hee Only
For Office Use Only
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Please Complete & Fax or E-Mail To: MacKenzie Vault Inc.
FAX TO: 1-800-726-8563 E-MAIL TO: engraving@mackenzievault.com

	Date Needed				
	Customer #		PM PO#		
Bill To		Ship To (if different)	Ship To (if different)		
Company		<u> </u>			
Address		<u> </u>			
City State	7in Cada	City	7in Codo		
Phone#	Zip Code	State Phone#	Zip Code		
Fax #					
E-Mail		E-Mail			
Contact Name		Contact Name			
Send Proof Via	Send Proof To	Engrave Urn On	Font Selection		
Fax E-N	Mail Bill To Ship To	☐Top ☐ Long Side ☐ Short :	Side ☐ Ariel		
rn Shape	Urn C	olor	Lydian		
Engraving Color			□ Munnay Hill		
Gold Silver White Black		Black Custom	Dld English		
Terms of Endearm (up to 10 word			□ Park Avenue		
Name to be			 □		
Engravadi			<u> </u>		
-		ate of Death:			
Date of Birth:		ite of Death:	☐ Shelly Allegro ☐ Souvenir		
Date of Birth: Additional line of (up to 10 word	text ds)	ite of Death:	☐ Souvenir		
Date of Birth: Additional line of (up to 10 word	textts)	ite of Death:	□ Souvenir □ Times Roman		
Date of Birth: Additional line of (up to 10 word Additional line of (up to 10 word	text ds) text ds) text	ite of Death:	☐ Souvenir		
Additional line of (up to 10 word Additional line of (up to 10 word Image:	text ds) text ds) text	Image: ☐ Custom/Photo	□ Souvenir □ Times Roman □ Times Italic □ Victorian		

Notes: \*Custom photos should be done on White Urns W/Black Fill or Orca Black Urns W/White Fill (Some photos/custom graphics will not be suitable for Engraving)

- \*\*Unless otherwise indicated the name of the month will be spelled out
- \*\*\* Unless otherwise indicated the graphic will be to the left of the names & dates(some graphics will require that we change the position of the names & dates)
- \*\*\*\* The family will see a proof before engraving is done (a signed proof is required before urn is engraved)