

Plaque Wording

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Date	Photo Recess	Plaque Size

Motif	Cross	Service Emblem

Line 1	
Line 2	
Line 3	
Line 4	
Line 5	
Line 6	
Line 7	
Line 8	
Line 9	
Line 10	
Grave Number	

On behalf of:			
Name			
Address			
Phone No.			
Signature		Date	

Office Use Only:					
Order No		Date Ordered		Location	
Name			Signature		