



Space #

Veterans Memorial Engraving Order Form

Engraving Information

Contact Name

Address

City, State, Zip Code

Phone

Email

LINE ONE OF ENGRAVING: Veterans Name (First, Middle Initial if desired, Last)

LINE TWO OF ENGRAVING Branch of Service

U.S. Marine Corps U.S. Army U.S. Coast Guard

U.S. Navy U.S. Air Force

LINE THREE OF ENGRAVING Choice of Text

Payment Information

Total

Cash _____

Check _____

Received by: _____

(Payable to the City of El Centro)

For Office Use Only

Wall Space #

Date Payment received

Engraving event

- Memorial Day
- Veteran's Day

Proof of Services and discharge status _____

Description:

Order sent to engraver

Proof received

Proof sent to purchaser

Signed proof received

Signed proof sent to engraver

Notification of engraving sent to purchaser
