



Space #

# Veterans Memorial Engraving Order Form

## Engraving Information

Contact Name

Address

City, State, Zip Code

Phone

Email

Veterans Full Name (Line 1 of engraving)

Branch of Service (Line 2 of engraving)

U.S. Marine Corps       U.S. Army       U.S. Coast Guard  
 U.S. Navy       U.S. Air Force

Choice of Text (Line 3 of engraving)

## 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

\_\_\_\_\_