



# MEMORIAL STONE PRE-PLANNING INFORMATION

**INSTRUCTIONS:** Please complete the form with as much detail as possible. If you are undecided on some aspects or don't know, feel free to make a note wherever necessary or leave blank. We are happy to aid you in any way we can.

This form isn't required. It is simply an aid to help you and us through the process of getting everything correct so the result is a timeless tribute.

***\*This form is the start of the design process & will not be considered as a final order form\****

Contact us if you would like to talk directly to a member of our experienced stone staff – Otherwise we will be in touch once we have received your form.

**FILL OUT AND SEND TO:**

info@greatlakesstone.com

**OR MAIL TO:**

Great Lakes Stone Supply

ATTN: Memorials

4915 Rice Lake Rd

Duluth, MN 55803

## Your Contact Information:

First & last name: \_\_\_\_\_

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

Primary phone #: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Secondary phone #: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Preferred contact method: (Please mark one or more)

☐ Text

☐ Email

☐ Phone

☐ In-person

## Background Information:

Who is this memorial stone for? \_\_\_\_\_

Are you currently working with a funeral home?

☐ No

☐ Yes. If so, name: \_\_\_\_\_

Are you currently working with a cemetery/location of final disposition?

☐ No

☐ Yes. If so, name: \_\_\_\_\_

Any known cemetery restrictions regarding the stone?

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Are you looking for us to install? \_\_\_\_\_

Will you need a concrete foundation?

☐ No

☐ Yes

☐ Unsure

## Memorial Stone Information:

What type of memorial are you interested in? (Please select one or more)

☐ Individual

☐ Companion

☐ Family

☐ Estate

☐ Pet

☐ Veteran

☐ Other (Please specify): \_\_\_\_\_

Memorial product style desired:

☐ Upright

☐ Flat

☐ Slant

☐ Bevel

☐ Bronze

☐ Bench

☐ Plaque

☐ Other (Please specify): \_\_\_\_\_

Family (Last) Name to be displayed on product:

\_\_\_\_\_

First Name(s) to be displayed on product: ***\*Please include middle name or initial letter if desired\****

Primary: \_\_\_\_\_

Secondary (if companion): \_\_\_\_\_

Date of Birth & (if applicable) Death:

Primary: \_\_\_\_\_

Secondary (if companion): \_\_\_\_\_

## Design Plan:

*\* This portion is to aid in deciding what you are interested in having on the memorial product. Feel free to leave this portion blank if you have a good understanding of what you would like displayed. If you are still undecided simply write "undecided". \**

Epitaphs/Verses/Phrases:

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Emblems:

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Religious affiliation/roles:

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Work, hobbies, or pastimes:

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Accomplishments (If Veteran, please include branch of service):

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Additional Design Thoughts:

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