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VAULT ORDER FORM

Please fill out and fax this form to our office to be handled

Funeral Home: _____ Ordered By: _____

Deceased Name: _____

Date of Birth: _____ Date of Death: _____

Date of service: _____ Day of Service: _____

Time & Place of Service: _____

Cemetery: _____ Opening & Closing Grave Yes No

Cemetery Address: _____

Type of Vault: _____ Color: _____

Number of Tents: _____ Number of Chairs: _____ Other: _____

Church/Chapel (2 Tents & 24 Chairs)

Graveside (2 Tents & 24 Chairs)

Graveside (3 Tents & 36 Chairs)

If Graveside

Coming in Procession

Meeting at the Grave

Veteran Setup (Includes Flags, Flag Drape and Chair Covers)

Need Assistance wih Casket from Hearse (No Pallbearers)

Note: If grave is to be opened by Lowe Vault & Monument Company, please have grave marked with a grave flag at the head center of the grave.

Comments: _____
