

# Oak Grove Cemetery – Spring Flower Order Form

**Purchaser's Information:**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Loved one's information for flower placement:**

<b>Name of deceased:</b> _____		
Location (if known)	Section _____	Lot _____
Flower Program:	_____	
Price w/ tax:	_____	
<b>Name of deceased:</b> _____		
Location (if known):	Section _____	Lot _____
Flower Program:	_____	
Price w/ tax:	_____	
<b>Name of deceased:</b> _____		
Location (if known):	Section _____	Lot _____
Flower Program:	_____	
Price w/ tax:	_____	
<b>Order Total:</b> _____		

Please return this order form with payment to:

**Oak Grove Cemetery, 1407 La Crosse St, La Crosse, WI 54601**

**Check #** \_\_\_\_\_ (payable to: Oak Grove Cemetery)

**Credit card:** Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**NOTE: Orders must be received by May 1st to ensure placement by Memorial Day. Orders received after May 1st will be placed as soon as possible, but are not guaranteed placement by Memorial Day.**

Office Use Only:

Date Order Received \_\_\_\_\_

Receipt Number \_\_\_\_\_

Mail List Check \_\_\_\_\_

AR Card \_\_\_\_\_

Flower Order List Entry \_\_\_\_\_

Confirmation of Placement \_\_\_\_\_