



Name of Deceased: _____

Address (if required): _____

Date of death: _____ Age (if required): _____

Please complete the appropriate sections below and reverse.

If you require assistance, please don't hesitate to contact us.

DOUBLE (Folding) Memorial Card

Small verse (A-Z): _____

Inside verse: _____

Back verse: _____

Image Ref: _____

QUANTITY: _____

ACKNOWLEDGEMENT CARDS

[envelopes included]

The: _____

Of the late: _____

Inscription (A-D): _____

Card Ref: _____

Address (if required) _____

QUANTITY: _____

SINGLE Memorial Card

Small verse (A-Z): _____

Back verse: _____

Image Ref: _____

QUANTITY: _____

Bookmark/Wallet Card HOLDERS

[envelopes included]

Card Ref: _____

Inscription (A-D) _____

OR Verse: _____

QUANTITY: _____

WALLET SIZED Memorial Card

Small verse (A-Z): _____

Back verse: _____

Image Ref: _____

QUANTITY: _____

MEMORIAL CANDLES

Verse (A-Z): _____

Design Ref: _____

Candle Size: SMALL LARGE

QUANTITY: _____

BOOKMARK Memorial Card

Small verse (A-Z): _____

Back verse: _____

Image Ref: _____

QUANTITY: _____

KEYRING MEMORIALS

(Photograph on front, small verse on back)

Small verse (A-Z): _____

QUANTITY: _____

'IN MY LIFE' Collection

Please contact us to discuss your requirements.

Please return your completed order form and photographs to:

Eternity Cards, Unit 8, Nelson Trade Centre, Nelson Street, Belfast, BT15 1BH

Tel: (028) 9024 0052 Fax: (028) 9024 9001 Email: info@eternity-cards.com

Please turn over



