REST HAVEN MEMORIAL PARK

Promises Kept

1200 Sagamore Parkway North | Lafayette, IN 47904 | (765) 447-1797 | www.resthavenlafayette.com |

2026 Floral Order Form

For: _____ Name

For: _____ Name

For: _____ Name

For: _____ Name

PLEASE NOTE: The Floral Program is for bronze or granite vases already attached to markers or monuments, or for mausoleum crypts. You can select one, two or three seasonal bouquets to be placed on the first month of the season. Special Occasion Dates: You can also select a special occasion date (such as a birthday or anniversary) instead of a season. Check which bouquet you would like for that special occasion. Cemetery/Funeral Home is not responsible for stolen or lost items once placed in the vase.

STEP 1:

Place a checkmark next to Placement Time. Select either the Season or write in a Special Occasion Date.

SPRING
- ☐ March, April, May
- ☐ or Special Occasion Date: _____
- ☐ Bouquet # ___
- ☐ Mausoleum # ____

SUMMER
- ☐ June, July, August
- ☐ or Special Occasion Date: _____
- ☐ Bouquet # ___
- ☐ Mausoleum # ____

FALL
- ☐ Sept., Oct., Nov.
- ☐ or Special Occasion Date: _____
- ☐ Bouquet # ___
- ☐ Mausoleum # ____

STEP 2:

Place a checkmark next to Bouquet # or Mausoleum # for each Placement Time in Step 1.

Above, write in the Bouquet # or Mausoleum #. For example: Bouquet #2, or Mausoleum #9 from the selection to the right.

GROUND BURIAL SELECTION

☐ Cream and Pink Tulips w/Purple Iris

☐ Fuchsia Roses and Amaryllis

☐ Purple Violet Yellow Wildflower Mix

☐ Blue and Yellow Orchid Mix

☐ Purple Roses with Red and Yellow Mums

☐ Blue Anemone Garden Mix Bouquet

☐ Orange Lily and Burgundy Dahlia

☐ Red Roses AVAILABLE in May

Mausoleum Selection

☐ Red Chrysanthemums

☐ Yellow Ranunculus

STEP 3:

Select Fee for Number of Placements Selected.

ORDER SUMMARY & PURCHASER INFORMATION

☐ 1 Placement $40 ☐ 2 Placements $80 ☐ 3 Placements $120

Your Name (Please Print) _____

Address _____

Phone _____ Email Address _____

METHOD OF PAYMENT

☐ Check Enclosed OR ☐ Money Order Enclosed (Check One)

Please make payable to cemetery listed above.

Credit Card Number: _____ Expiration Date: _____

Signature: _____

☐ VISA
☐ MasterCard
☐ Discover
☐ American Express

3 digit security code on back of card _____

Order Total: $ _____

All Sales Tax Included

IMPORTANT DATES:

Spring clean-up starts March 1. Fall clean-up starts November 1. Please remove items you would like to keep before those dates.

OFFICE USE ONLY

GARDEN: _____ LOT: _____ SPACE: _____ BLDG: _____ FLOOR: _____
CORRIDOR: _____ CRYPT: _____