

# A Dove's Love Contract for Services

## Funerals and Memorials

A Dove's Love  
7735 Dolly Drive  
Mason Neck, VA 22079  
703.203.4799

Your Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Deceased \_\_\_\_\_

Date of Funeral or Memorial \_\_\_\_\_

Funeral Home Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Memorial Garden or Cemetery Name \_\_\_\_\_

Or other location \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Time of Release \_\_\_\_\_

### Details for the Release

Name of package or number of doves \_\_\_\_\_ Price \_\_\_\_\_

From Basket \_\_\_\_\_

From Hand \_\_\_\_\_

Color of silk flowers on basket \_\_\_\_\_

What will the flock of doves be representing?

The Holy Trinity \_\_\_\_\_

OR

Guardian Angels (in whose names and relation) \_\_\_\_\_

OR

A Band of Angels \_\_\_\_\_

Are you adding a dove display for an extra charge of \$150? (yes or no) \_\_\_\_\_

Please send me an invoice and I will pay online \_\_\_\_\_ (need email address)

I will pay day of service\_\_\_\_\_

I have read A Dove's Love business policy and agree to the terms and conditions\_\_\_\_\_

Client Signature

\_\_\_\_\_  
A Dove's Love  
Lisa Harris

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date