
[Name of Funeral Home]

[Street Address]

[City, ST ZIP]

TELEPHONE: _____ **FAX:** _____

EMAIL: _____

Vehicle Order Form

Name of Deceased: _____ Contract/PO #: _____

Director: _____ Ordered by: _____

Service Day: _____ Service Date: _____ Service Time: _____

Place of Service: _____

Address (if other than funeral home): _____
Address City ZIP Code MAPSCO #

Place of Interment or Entombment: _____

Cars Requested:

_____ Coach(es) at _____ at _____
Address (if other than funeral home) (time requested)

City ZIP Code MAPSCO # Contact Person Phone #

_____ Limo(s) at _____ at _____
Address (if other than funeral home) (time requested)

City ZIP Code MAPSCO # Contact Person Phone #

_____ Limo(s) at _____ at _____
Address (if other than funeral home) (time requested)

City ZIP Code MAPSCO # Contact Person Phone #

Special Instructions: _____

Contact Information: _____

Phone: 214.828.1095 **FAX to: 214.827.0136**
OR 469.853-4405 (Frank Miller) (GAYLE MILLER 469-853-4407)
Make Checks Payable to Miller & Sons / Funeral Livery Service