



Customer Questionnaire

Thank you for choosing the Leon Komm and Son Monument Company for your memorial needs. Our goal is to provide the utmost quality of service in your time of need.

We understand that selecting a memorial can be a difficult and tasking process. For your convenience we encourage you to fill out this form to the best of your ability and bring it with you to our studio.

Your Name _____

Address _____

Phone number (____) _____

Email _____

Have you or your family purchased a memorial from our studio in the past?

If so, approximately when? _____

Family Name on Memorial _____

Names of Individuals on memorials:

1. First Name _____

2. Middle name or Initial _____

3. Date of Birth _____

4. Date of Death _____

Cemetery _____

Section _____

Lot _____

Grave _____

Religious Congregations or Parishes you may belong to: _____

We thank you for your patronage and encourage you to contact us with questions or concerns at any time.