




TIPPECANOE MEMORY GARDENS

1718 W. 350 North | West Lafayette, IN 47906 | (765) 463-2383 | www.tippecanoememorygardens.com | 

2026 Spring 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.

Flowers are placed during the first month of the season. Special Occasion bouquets will be placed up to 15 days prior to date.

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.

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

Mausoleum Selection

Red Chrysanthemums

Yellow Ranunculus

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

STEP 3:
Select Fee for Number of Placements Selected.

ORDER SUMMARY & PURCHASER INFORMATION

- 1 Placement \$39.90 2 Placements \$79.80 3 Placements \$119.70

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.

- VISA
 MasterCard
 Discover
 American Express

Order Total: \$ _____
 All Sales Tax Included

Credit Card Number: _____

Expiration Date: _____

3 digit security code on back of card _____

Signature: _____

OFFICE USE ONLY

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