

VILLAGE OF CHAGRIN FALLS
Evergreen Hill Cemetery
Columbarium Right to Bury/Interment Permit

Voice Mail: (440) 247-1158

Fax: (440) 247-8947

I, _____, purchaser of, or heir to, Columbarium # _____, Tier # _____ in Evergreen Hill Cemetery, Chagrin Falls, Ohio request the interment of _____ in Niche # _____ of the aforementioned Tier.

Circle One: Grave side (or:) Procession

Date of Birth: _____

Signature

Date of Death: _____

Address

Place of Birth: _____

Place of Death: _____

() _____ - _____

War Vet?: Yes / No

If so, what War: _____

Phone Number (required)

Name of Spouse: _____

Name on Deed: _____ Date of Deed: ____/____/____

Date of Burial: _____

Relationship of signer to deceased: _____

If purchaser of grave is deceased,

Relationship of heir to purchaser: _____

a.m.

Time of arrival at the cemetery: _____ p.m.

Opening & Closing costs: Weekday: \$450.00 Saturday: \$500.00

(Interments after 3:00 p.m. will be at the Saturday rate)

(No burials on Sundays nor legal holidays)

Funeral Home: _____

Contact Name: _____

Phone Number: _____