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

_____
Signature

_____
Address

_____

( ) _____ - _____
Phone Number (required)

Date of Birth: _____

Date of Death: _____

Place of Death: _____

War Vet?: Yes / No
If so, what war?: _____

Spouses Name: _____

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: _____

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

Opening & Closing costs: Weekday: $375.00 Saturday: $400.00

(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: _____