

VILLAGE OF CHAGRIN FALLS

Evergreen Hill Cemetery

Right to Bury/Interment Permit

Voice Mail: (440) 247-1158

Fax: (440) 247-8947

I, _____, purchaser of, or heir to, Section # _____, Lot # _____, in Evergreen Hill Cemetery, Chagrin Falls, Ohio request the interment of _____ in Grave # _____ of the aforementioned lot.

Circle One: Full Burial (or:) Cremation

Date of Birth: _____

Circle One: Grave side (or:) Procession

Date of Death: _____

Place of Death: _____

Signature

War Vet? Yes / No

If so, what war?: _____

Address

Spouses Name: _____

() _____ - _____

Phone Number (required)

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:

Saturday:

Adults:

\$750.00

\$875.00

Infants:

\$450.00

\$500.00

Cremations:

\$375.00

\$400.00

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

(No burials on Sundays nor legal holidays)

Funeral Home: _____

Contact Name: _____

Phone Number: _____