

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 Birth: _____

Signature _____ Place of Death: _____

_____ Address War Vet? Yes / No

_____ If so, what War?: _____

() _____ - _____ Name of Spouse: _____

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: _____

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

Opening & Closing costs: Weekday: Saturday:

Adults:	\$850.00	\$950.00
Infants:	\$500.00	\$600.00
Cremations:	\$450.00	\$500.00

(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: _____