



DISINTERMENT WAIVER

VILLAGE OF CHAGRIN FALLS EVERGREEN HILL CEMETERY



P. 440-247-1158 | F. 440-247-8947 | E. rob@chagrin-falls.org

COST

DISINTERMENT COST WEEKDAY

*CASH OR CHECKS ONLY

*NO CREDIT CARDS

MON-FRI

ADULT CASKET

INFANT CASKET

CREMATION URN

COST

\$1500

\$800

\$850 + face plate replacement

The vault company will charge for the removal of a vault at their discretion and charge the requestor separately.

AUTHORIZATION

The undersigned requestor acknowledges and agrees that the Village of Chagrin Falls will not be held responsible for any damages that may occur to the headstone or the vault and/or adjoining headstones or vaults. The requestor will be responsible for any and all repair costs.

REQUESTOR NAME

STREET

REQUESTOR SIGNATURE

DATE

CITY, STATE, ZIP

RELATIONSHIP TO DECEASED

PHONE NUMBER (REQUIRED)

WITNESS NAME

WITNESS SIGNATURE

DATE

SEXTON

INFORMATION

	GRAVESITE			COLUMBARIUM		
	SECTION	LOT	GRAVE	NUMBER	TIER	NICHE
DISINTERRED FROM	_____	_____	_____	_____	_____	_____
REBURIAL	_____	_____	_____	_____	_____	_____

NAME OF DECEASED _____

DISINTERMENT REASON _____

DISINTERMENT DATE _____