INTERMENT PERMIT

VILLAGE OF CHAGRIN FALLS
EVERGREEN HILL CEMETERY

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

AUTHORIZATION

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

	GRAVESITE	GRAVESITE COLUMBARIUM
SELECT	____ FULL BURIAL _____ CREMATION	____ GRAVE SIDE _____ PROCESSION

DECEASED INFORMATION

BIRTH DATE _____ BIRTH PLACE _____

DEATH DATE _____ DEATH PLACE _____

BURIAL DATE _____ WAR VET? _____ WAR _____

SPOUSE NAME _____ MAIDEN NAME _____

REQUESTOR INFORMATION

ADDRESS _____

CITY STATE ZIP

PHONE _____ _____

SPOUSE NAME _____ MAIDEN NAME _____

RIGHT TO BURY NAME _____ DATE _____

RELATIONSHIP OF REQUESTOR TO DECEASED _____

RELATIONSHIP OF HEIR TO PURCHASER _____

IF PURCHASER OF GRAVE IS DECEASED

SIGNATURE _____ **PRINT NAME** _____

PLANNING

TIME OF ARRIVAL AT CEMETERY _____ **(AM / PM)**

OPENING AND CLOSING COSTS

*CASH OR CHECKS ONLY – NO CREDIT CARDS
*NO BURIALS ON SUNDAYS OR LEGAL HOLIDAYS
*PRESENT CERTIFICATE OF CREMATION

MON-SAT	**BEFORE 2:00 PM**	**AFTER 2:00 PM**
ADULTS	$1000	$1500
INFANSTS	$700	$800
CREMATIONS	$600	$850

OTHER CONTACTS

FUNERAL HOME CONTACT PHONE