

**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

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature

Date of Death: \_\_\_\_\_

\_\_\_\_\_  
Address

Place of Birth: \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number (required)

Place of Death: \_\_\_\_\_

War Vet?: Yes / No

If so, what War: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

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: \$600.00 After 2:00pm: \$850.00

(No burials on Sundays nor legal holidays)

Funeral Home: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_