

VILLAGE OF CHAGRIN FALLS
Evergreen Hill Cemetery
Columbarium Right to Bury/Interment Permit
Voice Mail: (440) 247-1158
Fax: (440) 247-8947
Email: Rob@chagrin-falls.org

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 & Saturday: \$600.00 & After 2:00pm: \$850.00
(Cash or Checks only, NO Credit Cards)

(No burials on Sundays nor legal holidays)

Funeral Home: _____

Contact Name: _____

Phone Number: _____