## **VILLAGE OF CHAGRIN FALLS**

## **Evergreen Hill Cemetery**

## Right to Bury/Interment Permit

Voice Mail: (440) 247-1158 Fax: (440) 247-8947 Email: Rob@chagrin-falls.org

Ι,	, purchaser of, or heir to, Section #, Lot #
, in Evergreen Hill Cemet	ery, Chagrin Falls, Ohio request the interment o
	in Grave # of the aforementioned lot.
Circle One: Full Burial (or:) Crema	tion Date of Birth:
Circle One: Grave side (or:) Proces	sion Date of Death:
	Place of Birth:
Signature	Place of Death:
Address	War Vet? Yes / No
( ) Phone Number (required)	Name of Spouse:
Name on Deed:	Date of Deed:/
Date of Burial:	
If purchaser of grave is decease	ed,
	a.m.
Time of arrival at the cemetery:	p.m.
Opening & Closing costs:	Weekday & Saturday: After 2:00pm:
Adults:	\$1,000.00 \$1,500.00
Infants:	\$ 700.00 \$ 800.00
Cremati	
	(Cash or Checks, no Credit Cards)
(No burial:	s on Sundays nor legal holidays)
Funeral Home:	
Contact Name:	
Phone Number:	