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**The following form shall be filled out and submitted to Swancreek Township when a Designee Form, Deed declared to a specific person, Will, or proof of Executor is/cannot not be provided to Swancreek Township.**

# Swancreek Township

5565 County Road D, Delta, Ohio 43515

Phone: 419-822-4371

Fax: 419-822-4371

Website: [www.swancreektwp.org](http://www.swancreektwp.org)

## **Heir's Release Form**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Printed Name) (Complete Address)

Attest that I am the rightful owner or heir of the grave site(s).

Therefore, I release Swancreek Township of all liability of incorrect knowledge of heirs(s).

\_\_\_\_\_  
Signature

SWANCREEK TOWNSHIP  
5565 CO. RD. D  
DELTA, OH 43515  
419-822-4371  
**FAX: Same 419-822-4371**

**BURIAL NOTICE**

DECEASED: \_\_\_\_\_

CEMETERY: \_\_\_\_\_

SEC: \_\_\_\_\_ LOT: \_\_\_\_\_ GRAVE: \_\_\_\_\_

LOT OWNER: \_\_\_\_\_

**TYPE OF BURIAL - PLEASE CIRCLE THE CORRECT BURIAL:**

**OPEN & CLOSING COSTS:**

<u>Weekdays</u>	Regular Interment	\$475.00 - BEFORE 2:00 P.M. \$575.00 - AFTER 2:00 P.M.
<u>Saturday/Overtime</u>	Regular Interment	\$575.00
<u>Saturday After 2:00 P.M.</u>	Regular Interment	\$675.00 <b><u>MUST BE AT CEMETERY BY 2:00 P.M.</u></b>
<u>Holiday Or Sunday</u>	Regular Interment	\$750.00
<u>Weekdays</u>	<u>Half Size/Cremations</u>	\$275.00 - BEFORE 2:00 P.M. - \$325.00 - AFTER 2:00 P.M.
<u>Weekends/Holidays/Overtime</u>	\$325.00	<u>COLUMBARIUM BURIALS:</u> \$50.00
<u>Exhumation</u>	Fees doubled	
<u>Two side by side openings at the same time:</u> \$575.00		

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ FUNERAL HM: \_\_\_\_\_

NAME OF FUNERAL HOME REPRESENTATIVE: \_\_\_\_\_

PH: \_\_\_\_\_

For office use: Paid \_\_\_\_\_ Transit Slip: \_\_\_\_\_

**\*\*\*Information must be filled in and faxed to Swancreek Township 419-822-4371\*\*\***