

SWANCREEK TOWNSHIP
5565 CO. RD. D
DELTA, OH 43515
Phone/Fax: 419-822-4371

BURIAL NOTICE

DECEASED NAME: _____ RESIDENT: YES _____ NO _____

DECEASED ADDRESS: _____

(If a Swancreek Township Resident the Address is required)

CEMETERY: _____ SEC: _____ LOT: _____ GRAVE: _____

LOT OWNER: _____ DEED: _____

TYPE OF BURIAL - PLEASE CIRCLE THE CORRECT BURIAL:

Open & Closing Costs – Regular Interment

	<u>RESIDENT</u>	<u>NON-RESIDENT</u>
Weekdays before 2 P.M.	<u>\$475.00</u>	<u>\$600.00</u>
Weekdays after 2 P.M.	<u>\$575.00</u>	<u>\$700.00</u>
Saturday before 2 P.M.	<u>\$575.00</u>	<u>\$825.00</u>
Saturday after 2 P.M.	<u>\$675.00</u>	<u>\$875.00</u>
Holiday or Sunday	<u>\$750.00</u>	<u>\$875.00</u>

Open & Closing – Half Size / Cremations

Weekdays before 2 P.M.	<u>\$275.00</u>	<u>\$400.00</u>
Weekdays after 2 P.M.	<u>\$325.00</u>	<u>\$450.00</u>
Weekends/Holidays/Overtime	<u>\$325.00</u>	<u>\$700.00</u>
Columbarium Burials	<u>\$50.00</u>	<u>\$100.00</u>

Exhumation	<u>Fees Doubled</u>	<u>Fees Doubled</u>
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Two side by side openings same time	<u>\$575.00</u>	<u>\$1000.00</u>
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DAY: _____ DATE: _____ TIME: _____

FUNERAL HOME: REPRESENTATIVE: _____

PHONE: _____ FAX: _____ EMAIL: _____

For office use: Paid: _____ Check #: _____ Date: _____ Transit Slip Permit #: _____

Cemetery Book #: _____ Deed Book: _____ Excel Data Entry: _____ Comments: