

# City of Toledo Cemeteries Service Order

Managed by Woodlawn Cemetery

1502 West Central Ave. Toledo, OH 43606 Phone: 419-472-2186 Fax: 419-474-4728



Forest

Maplewood

Haughton

Stateline

Collingwood

Date: \_\_\_\_\_ Funeral Home: \_\_\_\_\_ Funeral Home Phone: \_\_\_\_\_

Funeral Home Fax/Email: \_\_\_\_\_ Funeral Home Contact: \_\_\_\_\_

Deceased Name: \_\_\_\_\_ Last Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Sex: M  F  Veteran: Y  N

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Service Date: \_\_\_\_\_ Service Time: \_\_\_\_\_ ETA @ Cemetery: \_\_\_\_\_

Service Location: Funeral Home  Church  Graveside  Vault: HWC  Other: \_\_\_\_\_

Special Requests: Pallbearers  Additional Chairs  Dirt  Lowering  (\$200 fee applies, must be preschedule)

Family to Pay: \_\_\_\_\_

Funeral Home to Pay: \_\_\_\_\_

Notes: \_\_\_\_\_

**Attention Funeral Directors:** Please complete the above information and fax or email to Woodlawn at least 48 hours prior to the service. Next of Kin signature required below. We will confirm location and arrangements with you as soon as possible.

**Please call the office: 419-472-2186 when you leave for the cemetery so we can be ready for the family.**

<b>Section #</b> _____	<b>Lot/Row #</b> _____	<b>Grave #</b> _____		
<b>Space allows:</b> Flat Marker Only <input type="checkbox"/>	Flat or Slant <input type="checkbox"/>	Monument <input type="checkbox"/>	Granite <input type="checkbox"/>	Bronze Only <input type="checkbox"/>
<i>Payment in full for grave(s) and memorial required for placement</i>				
<b>48 HOUR ADVANCE NOTICE MUST BE GIVEN FOR ALL INTERMENTS</b>				
<b>SCHEDULING OR CANCELLING WITH LESS THAN 48 HOURS NOTICE</b>				
<b>Will result in a fee of \$250 for a full body burial or \$150 for a cremation burial</b>				
<b>Funeral capped and filled after 2:00pm Monday—Friday and <span style="background-color: yellow;">After 11am on Saturday will result in a fee of \$100 per hour</span></b>				
By signing below, the undersigned certifies that he or she has legal authority to order this interment and that he or she will indemnify and hold Woodlawn Cemetery harmless of and from any and all claims, demands, actions or proceedings from or arising out of the interment of the body of said deceased.				
Service Approved by: _____		Date: _____	Relationship: _____	