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.

Section # _____   Lot/Row # _____   Grave # _____

Space allows: Flat Marker Only ☐   Flat or Slant ☐   Monument ☐   Granite ☐   Bronze Only ☐

Payment in full for grave(s) and memorial required for placement

48 HOUR ADVANCE NOTICE MUST BE GIVEN FOR ALL INTERMENTS

SCHEDULING OR CANCELLING WITH LESS THAN 48 HOURS NOTICE

Will result in a fee of $250 for a full body burial or $150 for a cremation burial

Funeral capped and filled after 2:00pm Monday—Friday and After 11am on Saturday will result in a fee of $150 per hour

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: _____