Foxfield Preserve Information Form



| 1. Purchase Options | | | | | | | | |
|--|------------------------------------|--|--|--|--|--|--|--|
| | | 1,000 - Purchase first interment rights at time of Decedent's death and pay in full. Included is a tax-deductible gacy Membership donation of \$2,000 to The Wilderness Center. Burials and scatterings are permitted. | | | | | | |
| | | 200 - Advance purchase of first interment rights prior to Decedent's death and pay in full. Included is a tax- uctible Legacy Membership donation of \$1,600 to The Wilderness Center. Burials and scatterings are permitted. | | | | | | |
| | | 0 - Payment Plan purchase of interment rights prior to Decedent's death and pay over 24 months. Burials catterings are permitted. | | | | | | |
| | | - Purchase second rights of interment. This allows for two individuals to share a plot, with at least one person sing cremation. | | | | | | |
| | | 0 - Scattering Rights. This is a beautiful shared scattering area. Records of scattering and genealogy are kept. memorials are placed in this area. | | | | | | |
| 2. Site Preparation Fees (payable only at time of service) | | | | | | | | |
| | Full cas | Full casket preparations: Mon-Fri: \$1,300 / \$1,550 (business hours / after hours). Sat services \$1,550+ based on time of day. | | | | | | |
| | Crema | Cremation burial \$500 | | | | | | |
| | Cremation scattering on plot \$250 | | | | | | | |
| 3. Plo | t Sele | ction | | | | | | |
| | Speci | fic plot(s): | | | | | | |
| | Staff to select a Prairie location | | | | | | | |
| | Staff to select a Forest location | | | | | | | |
| | Other | | | | | | | |
| Purchaser Information | | | | | | | | |
| Name | | | | | | | | |
| Addre | ss | | | | | | | |
| City | | State Zip | | | | | | |
| Phone | • | Email | | | | | | |
| Payment | | ☐ Check (preferred) ☐ Credit Card ☐ Payment Plan | | | | | | |
| | | | | | | | | |

We would love to know how you heard about Foxfield Preserve!



| Purchased For (| Full Name): | | | | | | | |
|--------------------------------------|---------------|-----------|-----------------|------------------|-----|--|--|--|
| Address | | | | | | | | |
| City | | | State | Zip | | | | |
| Phone | | | Email | | | | | |
| Place of birth | | | Date of birth | | | | | |
| Place of death | lace of death | | Date of death | | | | | |
| Military vet? | Yes No | | Branch and Rank | | | | | |
| Primary Representative Full Name: | | | | | | | | |
| Address | | | | | | | | |
| City | | | State | Zip | | | | |
| Phone | | | Email | | | | | |
| Relationship | | | | | | | | |
| Contingent Representative Full Name: | | | | | | | | |
| Address | | | | | | | | |
| City | | | State | Zip | | | | |
| Phone | hone | | Email | | | | | |
| Relationship | | | | | | | | |
| Other Information | | | | | | | | |
| Interment Type | | Full Body | Cremation | Undecided | | | | |
| Burial Contain | | Casket | Shroud | Cardboard Casket | Urn | | | |
| Dimensions of container | | | | ' | | | | |
| Preferred Funeral Home | | | | | | | | |
| Other Information | | | | | | | | |

Questions? Contact us at 330-359-5235 or by email at foxfield@wildernesscenter.org.

Completed form may be returned by email or by postal service to Foxfield Preserve P.O. Box 202 Wilmot, OH 44689



| Additional Purc | hase For (Full N | ame): | | | | | | |
|--------------------------------------|------------------|-----------|-----------------|-----------|-----|--|--|--|
| Address | | | | | | | | |
| City | | | State | Zip | | | | |
| Phone | | | Email | | | | | |
| Place of birth | | | Date of birth | | | | | |
| Place of death | | | Date of death | | | | | |
| Military vet? | Yes | No | Branch and Rank | | | | | |
| Primary Representative Full Name: | | | | | | | | |
| Address | | | | | | | | |
| City | | | State | Zip | | | | |
| Phone | | | Email | | | | | |
| Relationship | | | | | | | | |
| Contingent Representative Full Name: | | | | | | | | |
| Address | | | | | | | | |
| City | | | State | Zip | | | | |
| Phone | | Email | | | | | | |
| Relationship | | | | | | | | |
| Other Informati | on | | | | | | | |
| Interment Type Full Bod | | Full Body | Cremation | Undecided | | | | |
| В | urial Container | Casket | Shroud | Casket | Urn | | | |
| Dimensio | ns of container | | | | | | | |
| Preferred Funeral Home | | | | | | | | |
| Other Informatio | | | | | | | | |