

Foxfield Preserve Information Form



1. Purchase Options:

- \$4,000** - Purchase first interment rights at time of Decedent's death and pay in full. Included is a tax-deductible Legacy Membership donation of \$2,000 to The Wilderness Center. Burials and scatterings are permitted.
- \$3,200** - Purchase first interment rights prior to Decedent's death and pay in full. Included is a tax-deductible Legacy Membership donation of \$1,600 to The Wilderness Center. Burials and scatterings are permitted.
- \$3,200 + \$325** - Two-year payment plan to purchase first interment rights prior to Decedent's death and pay in full. This requires a fee of \$325 in addition to the \$3200 purchase price. Burials and scatterings are permitted.
- \$250** - Purchase second rights of interment. This allows for two individuals to share a plot, with at least one person choosing cremation.
- \$250** - Scattering garden. This is a beautiful shared scattering area. Record of scattering and genealogy kept. No memorials are permitted.

2. Burial preparation fees, accepted only at time of service:

- Full Body - M-F: \$1000 or Sat: \$1250
- Cremation Burial - \$500
- Cremation scattering on plot - \$250

Note: All fees must be paid in full before an interment can be performed.

3. Plot Selection:

Please select for me any: Prairie OR Forest I will purchase now and select plot later

This specific plot / other: _____

Purchased By:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Payment Method

- Check
- Credit Card
- Payment Plan (*Payments over two years, with first payment and \$325 service fee due at signing.*)

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



First Rights Purchased For:

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Email: _____
Place of birth: _____ Date of birth: _____
Place of death: _____ Date of death: _____
Military veteran? Yes No Branch and rank: _____

Primary Representative's Name: _____
Relationship: _____ Phone: _____

Contingent Representative's Name: _____
Relationship: _____ Phone: _____

Next of Kin's Name: _____
Relationship: _____ Phone: _____

"Next of Kin" is a person we can contact in the future if there are any issues at the Preserve

Interment Type: Full Body Cremation Undecided
Service Type: Funeral Home Church Graveside Other _____
Burial Container Type: Casket Shroud Cardboard Casket Urn None Dimensions: _____
Preferred Funeral Home: _____
Additional Information: _____

Second Rights Purchased For:

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Email: _____
Place of birth: _____ Date of birth: _____
Place of death: _____ Date of death: _____
Military veteran? Yes No Branch and rank: _____

Primary Representative's Name: _____
Relationship: _____ Phone: _____

Contingent Representative's Name: _____
Relationship: _____ Phone: _____

Next of Kin's Name: _____
Relationship: _____ Phone: _____

"Next of Kin" is a person we can contact in the future if there are any issues at the Preserve

Interment Type: Full Body Cremation Undecided
Service Type: Funeral Home Church Graveside Other _____
Burial Container Type: Casket Shroud Cardboard Casket Urn None Dimensions: _____
Preferred Funeral Home: _____
Additional Instructions: _____