

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. Records of scattering and genealogy kept. No memorials are placed in this area.

2. Site Preparation Fees (payable only at time of service) *Note: Fees must be paid in full before an interment can be performed.*

	Full body burial Monday - Friday \$1,000 / Saturday \$1,200
	Cremation burial \$500
	Cremation scattering on plot \$250

3. Plot Selection

	This specific plot / other:
	Staff to select any Prairie location
	Staff to select any Forest location
	Purchase now and select plot later.

Purchaser Information

Name			
Address			
City	State	Zip	
Phone	Email		
Payment	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Payment Plan (<i>Two years, with first payment and \$325 fee due at signing.</i>)		

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:

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 Information

Interment Type	Full Body	Cremation	Undecided	
Burial Container	Casket	Shroud	Cardboard Casket	Urn
Dimensions of container				
Preferred Funeral Home				
Other Information				

Second Rights Purchased For:

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 Information

Interment Type	Full Body	Cremation	Undecided	
Burial Container	Casket	Shroud	Casket	Urn
Dimensions of container				
Preferred Funeral Home				
Other Information				