

Foxfield Preserve Plot Purchase Information Form - Pre Need



I am interested in: Single Plot - \$3200 Single Plot with Second Rights - \$3450 Scattering - \$250
 Burial preparation fees (Due at service) Full Body - M-F: \$1000 or Sat: \$1250 Cremated Remains - \$500

Purchaser Information

Name			
Address, City, State, Zip			
Phone #		Email	

Personal Information - First Rights or Scattering

Name & Relationship to purchaser			
Address, City, State, Zip			
Phone #		Email	
Date & place of birth			
Sex			
Veteran?	Yes No	Branch & Rank	
Representative* Name, Relationship, Phone #			
Contingent Representative, Relationship, Phone #			

* The Representative is someone who represents your wishes at time of need.

Next of Kin**

Name			
Address			
Phone #		Email	

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

Additional Information - First Rights

Plot Selection

Please select for me: Prairie OR Forest Will purchase now and select plot later

Other: _____

Interment Type: Full Body Cremation Undecided

Service Type: Funeral Home Church Graveside Other _____

Burial Container Type: Casket Shroud Cardboard Casket Urn **Urn Dimensions:** _____

Preferred Funeral Home: _____

Additional Instructions: _____



Personal Information - Second Rights

Name & Relationship to purchaser			
Address, City, State, Zip			
Phone #		Email	
Date & place of birth			
Sex			
Veteran?	Yes No	Branch & Rank	
Representative* Name, Relationship, Phone #			
Contingent Representative, Relationship, Phone #			

* Representative is someone who represents your wishes at time of need.

Next of Kin**

Name			
Address			
Phone #		Email	

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

Additional Information - Second Rights

Plot Selection

Please select for me: Prairie OR Forest Will purchase now and select plot later

Other: _____

Interment Type: Full Body Cremation Undecided

Service Type: Funeral Home Church Graveside Other _____

Burial Container Type: Casket Shroud Cardboard Casket Urn **Urn Dimensions:** _____

Preferred Funeral Home: _____

Additional Instructions: _____

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