



100 West End Street, Chester, South Carolina 29706
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EVERGREEN CEMETERY LOT PURCHASE/BURIAL AGREEMENT

PURCHASER INFORMATION

NAME: _____ CITY RESIDENT: ☐ NON-RESIDENT: ☐

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

NEXT OF KIN INFORMATION

NAME: _____ RELATION TO PURCHASER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

LOCATION OF PURCHASE INFORMATION & FEES

PLOT(S)#: _____ LOT(S)#: _____ COST: ☒ \$ _____ DATE PAID: _____

A certificate of ownership will be processed upon the purchase of burial site listed above.

NAME OF DECEASED: _____ CITY RESIDENT: ☐ NON-RESIDENT: ☐

The Purchaser agrees to the following terms, conditions and fees before burial at cemetery:

1. Burial location must be paid in full.
2. REFUNDABLE MARKER FEE: ☒ \$ _____ *Purchaser has a year to install a marker at burial location or forfeit his/her right to request a refund. The city has the right to purchase and install a marker at burial location with monies received for refundable marker fee.
3. PERPETUAL CARE FEE: ☒ \$ _____ *Purchaser agrees to pay a perpetual care fee of \$20 at the time of the lot purchase for the city to maintain grass/vegetation at burial location. Purchaser agrees to annually pay the \$20 perpetual care fee for city maintenance of lot. Purchaser understands that fees are subject to change at the discretion of the city.
4. BURIAL PERMIT: ☒ \$ _____ *Funeral home provider must provide this office with a copy of the Burial, Removal and Transit, B.R.T. form for the deceased. A copy of the Certificate of Cremation is required for cremation burials.

Purchaser Accepted Agreement:

My signature confirms that I have read, understand, and accept the Terms and Conditions as stated on this agreement. As Purchaser, I agree to comply with Evergreen Cemetery City Ordinances. As Purchaser, I agree to pay City fees due before burial at the cemetery.

Name (Print) _____ Signature _____ Date _____

Authorized Personnel Name (Print) _____ Signature _____ Date _____

For office use only: Fees Collected by Funeral Home: YES ☐ NO ☐

Revision Date: 12/19/18