



EATONVILLE MEMORIAL GARDENS

600 Wymore Road, Maitland, Florida

- Instructions:
1. Provide all available information about the deceased and deceased relatives.
 2. Save the completed file to your PC.
 3. E-mail the completed form to eccawork@gmail.com

The Eatonville Community Cemetery Association, Inc. is a Florida Not for Profit Corporation, which owns and operates the Eatonville Memorial Gardens Cemetery. Eatonville Community Cemetery Association Inc. is managed by a board of voluntary directors, non-paid trustees of the corporation and of the cemetery.

GRAVESITE ASSIGNMENT AGREEMENT

Grave ID

Find A Grave Memorial ID

Personal Data of the Deceased

Prefix _____ Name _____ Middle Name _____

Gender _____ Maiden Name _____ Last Name _____ Suffix _____

Date of Birth (format mm/dd/yyyy) _____ Location _____

Date of Death (format mm/dd/yyyy) _____ Location _____

Contact Information of Person or Agent Requesting Gravesite

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ E-Mail _____ Relationship to Deceased _____

Mortuary

Name _____ Phone _____

Your gravesite donation to the Eatonville Community Cemetery Association, Inc. will be used for the care and maintenance of the cemetery. Please select one of the below listed options when donating for a gravesite. Please note opening and closing cost must be paid five (5) business days prior to burial; checks or money orders are to be made payable to Eatonville Community Cemetery Association, Inc., including donations. Please submit your gravesite donation separately. You must complete the verification of a "single" headstone by the vendor or company of your choice, and a copy of the verification purchase must be presented to an Eatonville Community Cemetery Association, Inc. official for the records.

Select One	Gravesite	Donation	Opening and closing
	Infants (Mon thru Sat) *		\$1600.00
	Infants (Sunday) *		\$2100.00
	Adult (Mon thru Sat)		\$2200.00
	Adult (Sunday)		\$2800.00
	Cremations (Mon thru Sat)		\$1400.00
	Cremations (Sunday)		\$2100.00

* Infant age 0 to 1 year or vault 24"x42"

The deceased person named under PERSONAL DATA OF THE DECEASED is granted the AT-NEED burial right to an immediate burial in the Eatonville Memorial Gardens, in GRAVESITE LOCATION _____, and under the terms specified on the reverse side of this agreement. Full refund is available when this burial right is canceled prior to the excavation of the grave. On a cancellation after the grave is excavated, the full refund is available after the person or agents canceling the Gravesite Assignment have, at their own expense, restored the gravesite. An authorized refund will be available within seven (7) business days upon its approval.

Opening & Closing Fee Amount _____ Method of Payment _____

Signed _____ Signed _____ Date _____
ECCA, Inc. Official Representative of Deceased

By signing this application, the Requestor acknowledges that he/she has read the Gravesite Assignment and Consumer Information document and will abide by these guidelines and requirements

Details about Relatives buried at Eatonville Memorial Gardens or elsewhere (OPTIONAL)

Spouse

Find A Grave memorial ID

Prefix _____ Name _____ Middle Name _____
 Gender _____ Maiden Name _____ Last Name _____ Suffix _____
 Date of Birth (format mm/dd/yyyy) _____ Date of Death (format mm/dd/yyyy) _____ Cemetery Name (if other than Eatonville Memorial Garden) _____

Father

Find A Grave memorial ID

Prefix _____ Name _____ Middle Name _____
 Gender _____ Maiden Name _____ Last Name _____ Suffix _____
 Date of Birth (format mm/dd/yyyy) _____ Date of Death (format mm/dd/yyyy) _____ Cemetery Name (if other than Eatonville Memorial Garden) _____

Mother

Find A Grave memorial ID

Prefix _____ Name _____ Middle Name _____
 Gender _____ Maiden Name _____ Last Name _____ Suffix _____
 Date of Birth (format mm/dd/yyyy) _____ Date of Death (format mm/dd/yyyy) _____ Cemetery Name (if other than Eatonville Memorial Garden) _____