

**Niche Purchase Requisition Form**  
City of Wickliffe, Department of Public Service  
Wickliffe Cemetery - 28730 Ridge Road - Wickliffe, Ohio 44092-2598  
440.943.7100

Purchaser's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Decedent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Decedent's Proof of Residency (circle one):

Driver's License: \_\_\_\_\_ Utility Bill: \_\_\_\_\_ Other: \_\_\_\_\_

Niche Price:

Please note niche size of 11¼" x 11¼" x 11¼" when ordering your urn.

Resident:	\$500	Non-Resident:	\$950
Perpetual Care:	150	Perpetual Care:	150
Deed Filing Fee:	75	Deed Filing Fee:	75
Subtotal:	\$725	Subtotal:	\$1,175

Number of resident niches requested: \_\_\_\_\_

times cost: \_\_\_\_\_

amount due: \_\_\_\_\_

Number of non-resident niches requested: \_\_\_\_\_

times cost: \_\_\_\_\_

amount due: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

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Office Use

Payment is due in full at time of purchase.

Payment received in full by: \_\_\_\_\_ Date: \_\_\_\_\_

Method of payment: Cash \_\_\_\_\_ Check No. \_\_\_\_\_ Money Order No. \_\_\_\_\_

Columbarium \_\_\_\_\_ Wall \_\_\_\_\_ Niche \_\_\_\_\_ Date of Inurnment: \_\_\_\_\_

Columbarium \_\_\_\_\_ Wall \_\_\_\_\_ Niche \_\_\_\_\_ Date of Inurnment: \_\_\_\_\_

Columbarium \_\_\_\_\_ Wall \_\_\_\_\_ Niche \_\_\_\_\_ Date of Inurnment: \_\_\_\_\_

Columbarium \_\_\_\_\_ Wall \_\_\_\_\_ Niche \_\_\_\_\_ Date of Inurnment: \_\_\_\_\_

Please provide Cremation Certificate and this form when scheduling inurnment.  
Prices are subject to change at City's discretion. Prices effective April 2008.