

**AGREEMENT**  
**HEBREW CEMETERY ASSOCIATION**  
 1801 Statesville Avenue, Charlotte, NC 28206

FUNERAL OF \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_  
 FAMILY MEMBER \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TEMPLE/RABBI \_\_\_\_\_ PHONE # \_\_\_\_\_ PHONED? \_\_\_\_\_ EMAIL \_\_\_\_\_  
 FUNERAL HOME \_\_\_\_\_ FUNERAL DIRECTOR \_\_\_\_\_ DATE OF INTERMENT \_\_\_\_\_  
 GRAVE OPEN/CLOSE BY \_\_\_\_\_ PHONE # \_\_\_\_\_ PHONED? \_\_\_\_\_ TIME \_\_\_\_\_

**- GRAVE SITES -**

| <b>SECTION</b>                    | <b>MEMBER</b> | <b>NON-MEMBER</b> |
|-----------------------------------|---------------|-------------------|
| Section I – Historic              | \$2,500.00    | Not Available     |
| Section II – Modern               | 1,800.00      | Not Available     |
| Section III – Memorial – Family   | 1,400.00      | \$2,075.00        |
| Section III – Memorial – Cluster  | 1,125.00      | 1,675.00          |
| Section III X – Cremation Section | 475.00        | 700.00            |

**GRAVE RESERVATION/INTERMENT**

|             | <b>SECTION</b> | <b>PLOT</b> | <b>GRAVE</b>              | <b>PRICE</b> |
|-------------|----------------|-------------|---------------------------|--------------|
| NAME: _____ | _____          | _____       | _____                     | _____        |
| NAME: _____ | _____          | _____       | _____                     | _____        |
| NAME: _____ | _____          | _____       | _____                     | _____        |
| NAME: _____ | _____          | _____       | _____                     | _____        |
| NAME: _____ | _____          | _____       | _____                     | _____        |
| NAME: _____ | _____          | _____       | _____                     | _____        |
|             |                |             | <b>GRAVE SITE TOTAL *</b> | * _____      |

**- CEMETERY SERVICE FEES -**

|                                                                     | <b>MEMBER</b> | <b>NON-MEMBER</b> |       |
|---------------------------------------------------------------------|---------------|-------------------|-------|
| <b>PERPETUAL GRAVE CARE</b> – CREMATION SECTION-\$440.00/\$690.00   | \$875.00      | \$1,375.00        | _____ |
| <b>BURIAL</b> – casket (INCLUDES GRAVE OPENING, SHROUD & UNVEILING) | 1,975.00      | 2,900.00          | _____ |
| <b>BURIAL</b> – cremation (INCLUDES GRAVE OPENING & UNVEILING)      | 525.00        | 650.00            | _____ |
| <b>BURIAL</b> – stillborn/infant (includes grave & all services)    | 350.00        | 350.00            | _____ |

**SERVICE FEE TOTAL \*\*** \_\_\_\_\_ \*\*  
**TOTAL** \_\_\_\_\_

MEMBERSHIP – (\$72.00 annually - must be paid in full for 24 months to receive membership prices)

Funeral homes may collect their customers Hebrew Cemetery Association fees, and pay the Cemetery. In event the funeral home does not collect, all cemetery charges as listed above must be paid in full prior to interment. **All graves must be paid in full prior to interment.**

NEW MEMBER-NAME \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**- PAYMENT TERMS -**

\* **Grave Sites** will be paid no later than– \_\_\_\_\_  
 (\*Grave Sites- minimum payment terms: eight quarterly payments of total, paid over 24 months from time of purchase.)

\*\* **Service fees** will be paid no later than– \_\_\_\_\_  
 We (I) hereby agree to these terms, and to make payments as stated above.

Signature of Family Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Cemetery Representative: \_\_\_\_\_ Date: \_\_\_\_\_

|                   |                 |                      |                      |
|-------------------|-----------------|----------------------|----------------------|
| <b>DIRECTOR</b>   | Sandra Goldman  | Home: 704-366-7590   | Mobile: 704-576-1859 |
| <b>PRESIDENT</b>  | H. Kevin Levine | Home: 704-333-5155   |                      |
| <b>ACCOUNTING</b> | Carol Robinson  | Office: 704-545-5726 |                      |

Make checks payable to **HEBREW CEMETERY ASSOCIATION**, 4229 Peggy Lane, Charlotte, NC 28227

**WWW.HEBREWCEMETERY.ORG**