

## **YORK ROAD CEMETERY RULES and REGULATIONS**

**York Road Cemetery is owned and operated by the Harrison Township Trustees. Your cooperation in the observance of the following rules and regulations is vital to the operation of this cemetery.**

**1. Visiting Hours**

We welcome your visits within the cemetery from 8:00 am until approximately dusk each day. Actual hours are posted at the entrance gate.

**2. Business Hours**

You may call the township office at 740-927-8277 during regular business hours. For emergencies or after 5:00 p.m. or on the weekends you may leave a message on the voice recorder or call a township trustee.

**3. Traffic Regulations**

The speed limit in all areas of the cemetery is 5 MPH. Automobiles are permitted in designated roadways only. Please do not park off the roadway. No recreation riding of motorcycles is permitted.

**4. General Rules**

Picking of flowers or breaking of shrubbery is prohibited. No picnicking, alcoholic beverages or excess noise are permitted. Dogs must be leashed and excrement must be contained and disposed of in an appropriate manner. No soliciting or advertising is permitted. The cemetery does not accept responsibility for theft or damages to any item placed on burial spaces.

**5. Grave Marker**

Monuments may be placed on fully paid for plots. Up-right monuments are permitted with a maximum height of 36 inches. Foot markers and military markers must be flush mounted. The Township is not responsible for any damage to monuments. Current residents, former 20-year residents and business owners in Harrison Township are eligible to purchase graves at the Resident Fee.

**6. Flowers and Planting**

Floral bouquets are welcome at all times. We request that these be removed when they begin to fade or wither (usually within seven to ten days). We reserve the right to remove any such decorations when not removed by the individuals placing the decorations. Flowers may be planted along the front and sides of a monument within six inches but not along the rear. Your assistance in this matter facilitates our mowing of grass and general maintenance of the cemetery. Trees may not be planted except by cemetery personnel. Permanent shrubs, plantings and vegetation planting must be approved by the Cemetery Personnel. We appreciate your cooperation regarding the planting of plants to prevent the cemetery from becoming untidy and overgrown.

**7. Burial Requirements**

The Township Trustees require the use of an outer burial container for the burial of casketed remains and the use of a recoverable container for the burial of cremated remains. Up to four cremated remains may be interred on one grave with one cremated remains interred in each quadrant of the grave. In addition, a maximum of one cremated remains may be interred over a casketed burial.

**8. Maintenance**

The cemetery personnel have sole responsibility for the care and maintenance of the cemetery grounds. Digging within the cemetery is strictly prohibited. Requests for assistance or special services should be directed to the township office.

**9. Fees**

A current list of fees for the purchase of burial rights and fees for services by the Harrison Township Trustees is available at the Township Office. To purchase or reserve a burial lot, a non-refundable, prepayment of \$500.00 dollars shall be required and which shall be applied at the time of burial toward applicable opening and closing cost. Said pre-payment will be in addition to any other possible related township burial cost.

**10. Township Holidays and Weekends**

There will be no burials on Sunday's, or on the observance day of the following township holidays: New Year's Day, Memorial Day, Independence Day, Thanksgiving Day, or Christmas Day. An additional fee of Two Hundred and Fifty Dollars (\$250.00) will be charged for any Saturday burial or other official township holiday.



## **Harrison Township Indigent Burials**

Pursuant to Ohio Revised Code Sections 517.06 and 9.15, the Board of Harrison Township Trustees shall require, for indigent burials at Township expense, the submission of a completed "Application for Burial." A copy of the Application appears at the conclusion of the Cemetery Rules as Appendix 'A'.

Upon the approval of a completed "Application for Burial," the Board shall cause the burial or cremation of a body as soon as practicable. Unless the Board is expressly notified of a deceased's sincerely held belief to the contrary, it shall be the policy of the Board to provide for cremation.

The Board shall provide a burial lot and marker for the indigent person's body, or the Board may provide a burial lot and marker for the person's cremated remains. The burial lot location and marker shall be selected by the Board, and both may be shared by multiple indigent burials.

The Board reserves the right to amend the policy provided herein at any time and without notice. The Board further reserves the right to vary from the policy provided herein on a case-by-case basis without a formal policy modification or amendment.

**HARRISON TOWNSHIP  
YORK ROAD CEMETERY**

**BURIAL LOT FEES**

<b>Residents</b>	<b>FEE</b>	<b>OPENING AND CLOSING</b>
<b>Thirty (30) Year Twp. Resident</b>	<b>Complementary</b>	<b>\$500.00</b>
<b>Harrison Township Resident</b>	<b>\$1,000.00</b>	<b>\$500.00</b>
<b>Licking County Resident</b>	<b>\$2,500.00</b>	<b>\$500.00</b>
<b>Ohio Resident</b>	<b>\$5,000.00</b>	<b>\$500.00</b>

Appendix 'A'

# Application for Burial at Harrison Township's Expense

## Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Please provide documentation of age, such as a driver's license, or state ID.

Size of Household: \_\_\_\_\_

Age(s) of Number in Household:

\_\_\_\_\_

## Income Documentation

**Household Income Source(s):** Please attach to the application documentation of each income source, including SS cards, pay stubs, income tax returns, and such:

_____ (Income Source)	Monthly/yearly amount \$ _____ (Circle One)
_____ (Income Source)	Monthly/yearly amount \$ _____ (Circle One)
_____ (Income Source)	Monthly/yearly amount \$ _____ (Circle One)
_____ (Income Source)	Monthly/yearly amount \$ _____ (Circle One)
_____ (Income Source)	Monthly/yearly amount \$ _____ (Circle One)
_____ (Income Source)	Monthly/yearly amount \$ _____ (Circle One)
_____	Monthly/yearly amount \$ _____

**\*\*For Office Use\*\***

Application Filed On: \_\_\_\_\_ Received By: \_\_\_\_\_

Documentation of Income Attached: Yes or No (Circle One) Board of Trustees meeting when considered: \_\_\_\_\_ (Date)

Approved: \_\_\_\_\_  
(Date)

Denied: \_\_\_\_\_  
(Date)