

Providing a natural burial choice that conserves land and reunites people with the Earth Please initial below:

By signing this form, I indicate my sincere desire to be buried at Prairie Creek

Conservation Cemetery (PCCC). If PCCC is not availal	ble at the time of my death, I ask		
that these preferences be carried out to the fullest exte	·		
I understand this written statement serves as a g	guide to indicate my preferences for		
body disposition and as a general reservation for buria	al at PCCC when this completed		
form is received by PCCC.			
I understand I am only indicating here my prefe	erences for burial, not my funeral		
and/or memorial choices.			
I have or will discuss my burial preferences, including my intention to be buried a			
PCCC, with my spouse or life partner, my loved ones,	, my estate executor, and/or the		
person(s) responsible for disposition of my body.			
I have educated myself about natural and conse	ervation burial.		
I understand the circumstances associated with a	a conservation cemetery may		
determine certain features of my burial, such as the loa	cation of my grave.		
I agree to abide by PCCC's policies as listed on t	the website, and will share these		
policies with my friends and family as well.			
This statement supersedes and replaces any prior state	ments I have made about the		
location and manner of disposition of my remains after	er death.		
Your Signature	Date		
Witness Name (print)			
Witness Signature	Date		

Prairie Creek Conservation Cemetery 7204 SE County Road 234, Gainesville, FL 32641 352-336-5910 | Urgent Needs 352-317-7307 info@PrairieCreekConservationCemetery.org www.PrairieCreekConservationCemetery.org



FOR PCCC USE		
DB	_ ALS	
Serv _	_ Ack	

This form is to be completed by the person who wishes to be buried at PCCC in the future, or by the living spouse/partner of a loved one laid to rest at PCCC.

	Personal Information (Please Print Clearly)		
Full Legal Name	First	Middle	Last
Mailing Address			
City/State/Zip			
Telephone	Cellular Home		
Email Address			
Date of Birth (MM/DD/YYYY)			
Place of Birth	City	State	Country
Contact information for the person responsible for final disposition of my body (optional)			
	Check here if yo	ou wish to receive the PO	CCC Quarterly Newsletter
The following indicates Intended Burial Type	• •	cs: Cremains	
Of the two ecosystemeadow woo		c Conservation Cemet	ery, I prefer to be buried in
I wish to be interred	d near (please prov	vide name & relationsh	nip):
Other preferences a	nd notes:		
We appreciate a sugge	ested \$25 donation i	to cover the administrat	ive costs of processing this form
□ \$25 □ \$5	0 🗆 \$100 🗆 \$25	0 🗆 \$500 🗆 \$1,000	rofit organization with a gift of: