



CITY OF
FENNVILLE

Cemetery Plot Transfer of Ownership Form

Name of original owner: _____

Date of purchase: _____ Plot Location: _____ Certificate #: _____

Is the owner deceased or incapacitated? Y / N

If yes,

Name of power of attorney: _____

Address of power of attorney: _____

Name of individual plot is being transferred to: _____

Address of new owner: _____

Phone number of new owner: _____

Email address of new owner: _____

Signature (POA/Formal Owner): _____ Dated: _____

For City Use Only

Date received: _____ Transfer of Ownership Completed: _____

New Burial Rights Certificate Issued: _____

City Employee Signature: _____