

CEMETERY LOT/BURIAL RIGHTS TRANSFER APPLICATION

(Print or type and attach additional sheets if necessary, fully answering the following questions.)

Date: \_\_\_\_\_

Name of Petitioner(s)	Complete Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cemetery: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

List the number of available spaces by giving the space numbers (note: only available spaces are transferable): \_\_\_\_\_

1. Are you the lot owner? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, skip to question 7).

2. Name of lot owner(s) on record. (If there is more than one lot owner on record, please attach on additional sheets of paper the same information below on each one): \_\_\_\_\_  
\_\_\_\_\_

3. Is the lot owner(s) living? \_\_\_\_\_ Yes \_\_\_\_\_ No Spouse living? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. If lot owner (s) is deceased, was there a Last Will and Testament? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**(Please attach a copy)**

5. Relationship to the lot owner (s): \_\_\_\_\_  
Spouse \_\_\_\_\_ Executor of Estate \_\_\_\_\_ Power of Attorney \_\_\_\_\_ Heir \_\_\_\_\_ Other \_\_\_\_\_

6. **List all surviving heir(s) of lot owner: spouse, children, grandchildren, great-grandchildren, etc.:**

Name, Relationship and Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: If there are no direct heirs (spouse, children, grandchildren, great-grandchildren, etc.), indirect heirs (parents, siblings, nieces, and nephews, etc.), may inherit the burial rights: however, the petitioner (s) must demonstrate beyond a reasonable doubt that they are appropriate heirs. The petitioner(s) must show that no other living person is more closely related to the lot owner of record.

7. List the names(s) of the individual(s) who the vacant spaces will be transferred to:  
 NAME ADDRESS STATE ZIP CODE WHICH SPACE#?

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**All persons with rightful owner-interest must agree to cemetery lot/burial rights transfer request and will need to attach a notarized statement(s) stating they have no objections to the transfer.**

I certify that the information provided on this form and all of its attachments is truthful, accurate and complete to the best of my knowledge, understanding and ability. I understand that any false information will null and void any transactions which have been made as a result from the information provided.

\_\_\_\_\_  
 Petitioner Date

\_\_\_\_\_  
 Petitioner

\_\_\_\_\_  
 Petitioner

\_\_\_\_\_  
 Notary Public

**FOR OFFICE USE ONLY**

Verified information with Cemetery Director Verified in Office of the Clerk of Council	Date: Date:	Initial: Initial:
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NOTE:

**PLEASE RETURN FORM AND ALL ATTACHMENTS TO  
 THE OFFICE OF THE CLERK OF COUNCIL  
 P.O. BOX 1027  
 SAVANNAH, GA 31402  
 912-651-6441**