

## CEMETERY LOT/BURIAL RIGHTS TRANSFER APPLICATION

Please attach additional sheets if necessary, fully answering the following questions.

## Date:

Name of Petitioner(s): Full Name (First, Middle, Last)				
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Address:				
Telephone:		Email:		
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<b>Cemetery:</b> □ Barber Memorial Cemetery		n:	Lot:	
☐ Laurelwood Cemetery				
☐ Forest Hills Cemetery				
List the number of available spaces:				
1. Are you the Burial Permit Holder/Lot Owner? $\Box$ Yes $\Box$ No (If yes, skip to question 7.)				
2. Name of Burial Permit Holder/Lot Owner on record: (If there are more than one owner on record,				
please attach on additional sheets of paper the same information below on each owner)				
3. Is the Burial Permit Holder/Lot Owner(s) living? ☐ Yes ☐ No Spouse living? ☐ Yes ☐ No				
<b>4.</b> If Burial Permit Holder/Lot Owner(s) is deceased, was there a Last Will and Testament? ☐ Yes ☐No (if yes, please attach a copy)				
5. Relationship to the Permit Holder/Lot Owner(s):				
Spouse ☐ Executor of Estate ☐ Power of Attorney ☐ Heir ☐ Other				
6. List all surviving heir(s) of lot Permit Holder/Lot Owner(s): spouse, children, grandchildren, great-				
grandchildren, etc. in sections below:				
Name:	Relationship:	Address:		
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Name:	Relationship:	Address:		
Name:	Relationship:	Address:		
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Name:	Relationship:	Address:		

Name:	Relationship:	Address:		
Note: If there are no direct heirs (spouses, 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 Permit Holder/Lot Owner of record.				
7. List the names of the individual(s) who the vacant spaces will be transferred to in the sections below:				
Name:	Address:	Address:		
Name:	Address:	Address:		
Name:	Address:	Address:		
Name:	Address:	Address:		
All persons with rightful owner-interest must agree to the cemetery lot/burial rights transfer request and				
will need to attach a notarized statement(s) indicating they have no objections to the transfer.				
The undersigned hereby certify all statements are true and hereby agree to indemnify the City of Rock Hill, the cemetery, its employees and agents and hold it harmless from all claims, loss, liability and causes				
of actions by third parties including, but not limited to, any and all property damage and/or physical				
injury involving burial rights arising out of this Cemetery Lot/Burial Rights Transfer.				
, , , , , , , , , , , , , , , , , , , ,				
Additionally, the undersigned have re	eviewed the rules and re	gulations regarding cemeteries for the City		
of Rock Hill and agree to abide by the	terms outlined therein	both now and as may be modified in the		
future.				
Petitioner Signature:		Date:		
Petitioner Signature:		Date:		
Petitioner Signature:		Date:		
In the presence of Notary Public for South Carolina:				
OFFICE USE ONLY				
Verified information with D	Pate:	Initial:		
Cemetery Supervisor:				
	Pate:	Initial:		
Notes:				

or Email: <a href="mailto:cemetery@cityofrockhill.com">cemetery@cityofrockhill.com</a> Cemetery contact: 803-329-5548