

Olathe Memorial Cemetery 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Olathe Memorial Cemetery: Section: _____ Block: _____ Lot: _____

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, greatgrand-children, 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#?

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	

PLEASE RETURN FORM AND
ALL ATTACHMENTS TO:

City of Olathe
C/O Cemetery Office
P.O. Box 768
Olathe, Kansas 66051-0768
Email bnilges@olatheks.org
Office Phone: (913) 971-5226
Office Fax: (913) 971-5092
<http://cemetery.olatheks.org>

***Surviving Heirs
Notarized Statement***
Cemetery/Lot Burial Rights Transfer
Olathe Memorial Cemetery



Date: _____

I

(Name)

(Address)

(City/State/Zip)

being a/the surviving heir to the _____ estate,
relinquish all claims to the burial lot(s) located in the Olathe Memorial Cemetery
described as:

Addition: _____ Block: _____ Lot: _____ Space: _____

and transfer full ownership to:

(Name)

(Address)

(City/State/Zip)

on this _____ day of _____, in the year _____.

Surviving Heir's Printed Name

Surviving Heir's Signed Name

Notary Public

Please obtain Notary and return completed form for each surviving heir to:

Olathe Memorial Cemetery
c/o Brian Nilges, Cemetery Manager
P.O. Box 768
Olathe, KS 66051