

Olathe Memorial Cemetery Application to Transfer Lot Burial Rights

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: Addition:______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 Nο 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** Heir Other Power of Attorney 6. List all surviving heir(s) of lot owner: spouse, children, grandchildren, great-grand-children, etc. Name, Relationship and Address

All persons with rightful owner-interest must agree to cemetery lot/burial rights transfer request and will need to attach a Surviving Heirs Notarized Statement(s) declaring they have no objections to the transfer.

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 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	SPACE#	
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.						
Pe	titioner			Date		
Pe	titioner					
Pe	titioner					
				(SE	AL)	
ST	ATE OF KAN	SAS	<u></u>			
СО	UNTY OF		<u></u>			
	is instrumen ate)	t was acknowledged to me or	1			
No	tary Public		Printed N	ame		
My	/ commissio	n expires:				

PLEASE RETURN FORM AND ALL ATTACHMENTS TO: City of Olathe ATTN Cemetery Office PO Box 768 Olathe KS 66051-0768



Olathe Memorial Cemetery

Surviving Heirs Notarized Statement

Cemetery/Lot Burial Rights Transfer

l,	
(Full Legal Name)	
(Address)	
(City/State/Zip)	(Phone)
do depose and say as follows:	
THAT, (Full Legal Name of Owner with Interm	nent Right)
Addition: Block:	Lot: Space:
THAT, I am the (Family Relation)	of (Full Legal Name of Owner with
Interment Right)	<i>;</i>
THAT, I have authority to designate righ	nts of interment for this space:
	•
THAT, No other person or agent has been	en given interment rights to said burial space;
THAT, I hereby transfer full ownership a	and direct that the remains of:
(Full Legal Name)	
(Address)	
(City/State/Zip)	
•	of Olathe and Olathe Memorial Cemetery authority will
held harmless from any and all claims a	rising out of such interment.
Surviving Heir's Printed Name	Surviving Heir's Signed Name
STATE OF	•
STATE OF	SS. (SEAL)
COUNTY OF	55.
1	•
Notary Public	Printed Name
My commission expires:	