

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#
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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

(SEAL)

STATE OF KANSAS _____

COUNTY OF _____

This instrument was acknowledged to me on _____
(date)

Notary Public

Printed Name

My commission 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

I, _____
 (Full Legal Name)

 (Address)
 _____ (City/State/Zip) _____ (Phone)

do depose and say as follows:

THAT, (Full Legal Name of Owner with Interment Right) _____
 Addition: _____ Block: _____ Lot: _____ Space: _____

THAT, I am the (Family Relation) _____ of (Full Legal Name of Owner with Interment Right) _____;

THAT, I have authority to designate rights of interment for this space;

THAT, No other person or agent has been given interment rights to said burial space;

THAT, I hereby transfer full ownership and direct that the remains of:

 (Full Legal Name)

 (Address)

 (City/State/Zip)

to be interred in said space and the City of Olathe and Olathe Memorial Cemetery authority will be held harmless from any and all claims arising out of such interment.

Surviving Heir's Printed Name

Surviving Heir's Signed Name

STATE OF _____
 COUNTY OF _____ }
 SS.

(SEAL)

Notary Public

Printed Name

My commission expires: _____

Please obtain Notary and return completed form for each surviving heir to:
 City of Olathe
 ATTN Cemetery Office
 PO Box 768, Olathe KS 66051-0768