

BOARD OF TRUSTEES

Bonnie J. Batchler
Robert W. Pautke
Allen M. Freeman

Fiscal Officer

Debbie S. Schwey



SERVICE DEPARTMENT

DIRECTOR

John Koehler

950 Locust Corner Road
Cincinnati, Ohio 45245

(513) 947.2021
Fax # (513) 752.8418

BURIAL RIGHTS TRANSFER FORM

Know All Men By These Presents, That I, _____ residing at

Name

Street Address

City

State

Zip Code

County

Phone Number

do hereby agree to transfer ownership of the following gravesite(s): _____

in Pierce Township, Pierce Township Cemetery, located at 950 Locust Corner Road,

in the County of Clermont and State of Ohio to _____

Name

Residing at _____

Street Address

City

State

Zip Code

County

Phone Number

Signed this _____ day of _____, 20_____

Day

Month

Year

Signature

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____

_____, 20_____.

(Notarial Seal)

TWP Recvd _____