

BOARD OF TRUSTEES

Bonnie J. Batchler
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Administrator

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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 _____