

**BOARD OF TRUSTEES**  
Allen M. Freeman  
Nicholas J. Kelly  
Peter J. Kambelos, MD

**Fiscal Officer**  
Debbie S. Schwey

**Administrator**  
Loretta E. Rokey



**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 \_\_\_\_\_