

Town of Whitewood



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CEMETERY PLOT/GRAVE RELEASE FORM

☐ ORIGINAL PLOT/GRAVE HOLDER (Complete this section if you ARE the original holder)	
I, (print full name)	, residing at (residential address and contact number)
Certify that I am the holder of record at Town of Whitewood Cemetery for the following:	
	and hereby, turn this over to the following family member:
Name:(print full name)	Residing at: (residential address and contact number)
OR: Hereby turn this over to the Town of Whitewood	
Signature:	Date:
☐ HEIR OF PLOT/GRAVE HOLDER (Complete this section if you ARE NOT the original holder)	
I,	, residing at
(print full name)	(residential address and contact number)
Certify that I am the legally authorized representative and/or, rightful heir of the original holder	
and as such am legally entitled to the rights of interment at (print name of original holder)	
the Town of Whitewood Cemetery for the following: Side, Plot, Grave#	
	Residing at: (residential address and contact number)
(print full name)	
Signature:	Date: