

Adams Cemetery Association, Inc.

Located at the end of Adams Cemetery Rd
PO Box 209
Molalla, OR 97038

Phone: 503-829-4887
Email: adamscemetery@gmail.com
Website: www.adamscemetery.com

Lot Purchase Form

1) Purchaser Information: Purchaser agrees that the burial lot shall be used for the assigned person(s) only and shall be subject to conditions and limitations provided in the by-laws and to the rules and regulations of the association, now and hereafter adopted.

Purchaser	Phone Number	Email Address	
Address	City	State	Zip

2) First Right of Interment has been assigned as listed below

First	Middle	Last	Maiden
Date of Birth	Date of Death (if applicable)	Relationship to Purchaser	Casket or Cremation

3) Second Right of Interment has been assigned as listed below (leave blank if not applicable)

First	Middle	Last	Maiden
Date of Birth	Date of Death (if applicable)	Relationship to Purchaser	Casket or Cremation

Location: _____
 Addition/Section Row Lot Grave

For and in consideration of \$_____, Adam Cemetery hereby acknowledges receipt of payment for the purchase of the burial lot was received from the purchaser. Permission will be granted for the Right(s) of Interment as assigned.

Cemetery Representative	Signature of Representative	Date of Sale
Date Payment Received	Payment Type	Check or CC Auth #

By checking this box, I consent to the use of my email and mailing address for correspondence of upcoming events, news, and other information from Adams Cemetery.