

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: Pre-Need At-Need

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

Location: _____
Addition/Section _____ Row _____ Lot _____ Grave _____

3) Second Right of Interment listed below (if applicable): Pre-Need At-Need

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(s) 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 _____

Purchaser's Name _____ Signature of Purchaser _____ 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.