## Adams Cemetery Association, Inc Adams Cemetery Road PO Box 209 Molalla, Oregon 97038



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

Transfer Grave/Crypt/Niche	Release Grave/C	Crypt/Niche	Permission to Inter
Owner/Purchaser Name (Print):			
Owner/Purchaser Address:		_	
Owner/Purchaser Phone Number:	Purchase Date:		
At time of purchase, name of assigned	person to be placed in lot		
Ground Location: Addition	Row	Lot	Grave
Birth Certificate Marı Death Certificate Divo	bestow the above property and stery, Adams Cemetery Road, It Y RIGHT TO TRANSFER, ED A COPY OF ONE OR MC riage License	the right to transfe Molalla, OR 97033 RELEASE OR A ORE OF THE FO License/State ID	er, release or authorize interment 8.  UTHORIZE INTERMENT, LLOWING**  Power of Attorney Other
Address of Authorizing Person: Phone Number (s):			
Authorizing Signature:			
Transfer Only: All rights and title from Name (Print):  Address:			
Phone Number (s):  Release Only: All rights and title from Original Purchase Date:	m the current owner listed above	ve are released bac	k to Adams Cemetery:
By checking this box, I co	ensent to the use of my e	email and mailir	
Office Use Only         Verify Receipt       \$100         Verify Record       Scan         Update Record       Other	and Save		

Other

Update Digital File