

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 Release Grave 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 _____

Person named for Second Right to Interment or Transfer _____
Full Name _____ Date of Birth _____

I hereby certify that I have the right to bestow the above property and the right to transfer, release or authorize interment of the property located at Adams Cemetery, Adams Cemetery Road, Molalla, OR 97038.

****AS DOCUMENTATION OF MY RIGHT TO TRANSFER, RELEASE OR AUTHORIZE INTERMENT, I HAVE ATTACHED A COPY OF ONE OR MORE OF THE FOLLOWING****

Birth Certificate Marriage License Driver's License/State ID Power of Attorney
 Death Certificate Divorce Decree Deed/Receipt Other _____

Address of Authorizing Person: _____

Phone Number (s): _____ Date: _____

Authorizing Signature: _____ Printed Name: _____

Transfer Only: All rights and title from the current owner listed above to the following individual:
Name (Print): _____
Address: _____
Phone Number (s): _____ Birthdate/Place: _____

Release Only: All rights and title from the current owner listed above are released back to Adams Cemetery:
Original Purchase Date: _____ Refund Amount: _____

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.

Cemetery Representative _____ Cemetery Signature _____

Office Use Only	
Verify Receipt _____	\$100 Fee _____
Verify Record _____	Scan and Save _____
Update Record _____	Other _____
Update Digital File _____	Other _____