Request for Transfer of Cemetery Interest (Individual)

Date: _____ MAIL TO: Po Box 340 Farmingdale NY 11735 Or
Email to: Lpeter@wellwoodbethmoses.com

Location Circle One Wellwood Cemetery / Beth Moses Cemetery

Section ____ Block _____ Plot _____ Row _____ Grave (s) _____

Land of _____

Deed Number (if known) _____ # of Graves being transferred _____

☐ Entire lot/plot ☐ Specific grave(s) only (identify): _____

Current Owner (Transferor)

Name: _____

Address: _____

_____

_____

Telephone: _____

Email: _____

Current Owner #2 (Transferor)

Name: _____

Address: _____

_____

_____

Telephone: _____

Email: _____

Please note that if multiple current owners, the owner who is responsible for filling this request out will be responsible ultimately for distributing the document amongst all current owners.

Proposed New Owner (Transferee)

Name: _____

Address: _____

_____

_____

Telephone: _____

Email: _____

Proposed New Owner #2 (Transferee)

Name: _____

Address: _____

_____

_____

Telephone: _____

Email: _____

Request

I/We respectfully request that the cemetery transfer the ownership interest in the above-described cemetery property from the undersigned to the individual identified above, subject to the Cemetery's Rules and Regulations, applicable New York State law, and approval by the Cemetery.

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I/We understand that:

- This request does not become effective unless approved by the Cemetery.
- A Transfer Deed furnished by Wellwood - Beth Moses Cemetery and notarized by all plot owners will be needed subsequent to the submission of this initial request.
- The Cemetery may require proof of ownership, identity, legal authority, or consent of other interested parties.
- Applicable transfer fees may apply.
- The transfer may be denied if it conflicts with New York law, Cemetery Rules and Regulations, or governing documents.

Certification

I certify that the information provided in this request is true and complete to the best of my knowledge. I understand that submitting this request does not guarantee approval.

Current Owner (Transferor)

Signature: _____

Printed Name: _____

Cemetery Use Only

Date Received: _____

Received by: _____

Proof of Ownership Verified: ☐ Yes ☐ No ☐ Additional Owners Noted

Additional Documents Required:

☐ Death Certificate

☐ Letters Testamentary / Administration

☐ Affidavit

☐ Certificate of Interest

☐ Other: _____