# Town of Farmville
# Cemetery Transfer Approval Form

**Current Owner Information**

Current Owner Name: _____

Current Owner Address: _____

Current Owner Phone: _____

Purchase Date: _____

***Transfers will not be approved the first five (5) years after purchase.**

Cemetery: _____ Plot(s) to be Transferred: _____

_____ _____

Signature of Current Owner Date

Original Deed: yes no Verified with Town Records: yes no

**New Owner Information**

Transfer to Name: _____

Transfer to Address: _____

Transfer to Phone: _____

Transfer Date: _____

_____ _____

Signature of New Owner Date

_____ _____

Town Manager Signature Date