



OAKRIDGE CEMETERY

DEED/GRAVE SPACE TRANSFER

Deed # _____

Lot Owner(s): _____

Address: _____

Phone: _____

I hereby release my ownership of Grave space(s) _____ in Block _____ Lot _____ to:

New Owner(s): _____

Address: _____

Phone: _____

Current Owner Printed Name(s)

Current Owner Signature(s)

New Owner Printed Name(s)

Current Owner Signature(s)

Witness Printed Name

Witness Signature

Transfer Fee \$25

☐ Cash
☐ Check # _____
☐ Credit

Receipt # _____

Date _____