

Burial Right Assignment Form

Catholic Cemeteries in the Archdiocese of Milwaukee

1. Agreement Date _____

2. Purchase Agreement Number _____
(if applicable)

3. Seller of Burial Rights

< Name > Cemetery, incorporated as part of < Name > Parish in < Name >, Wisconsin

<Town / Village / City > of < Name >, County of <Name >, State of Wisconsin

Cemetery Office Mailing Address: <Street / Post Office / State / Zip>

Voice / < number >

Fax / < number >

Email / < address >

A. _____
 Name Burial Location Birth date Death date Relationship to Purchaser Cremated Remains

B. _____
 Name Burial Location Birth date Death date Relationship to Purchaser Cremated Remains

C. _____
 Name Burial Location Birth date Death date Relationship to Purchaser Cremated Remains

D. _____
 Name Burial Location Birth date Death date Relationship to Purchaser Cremated Remains

This form is amendable at any time at no cost to owner of burial rights and his/her/their descendants.
--

Signature of Owner of Burial Rights

Signature of Owner of Burial Rights

Cemetery Official