



Request to Transfer of Interments Rights

Date: _____

Restrictions and Limitations:

1. Transfer Fee is Required. Additional fees may apply.
2. **Existing Interments:** If a grave, crypt, or niche already contains interments, rights may **only** be transferred to a family member.
3. **Non-Transferable Items:** Commodities and Interment Fees **CANNOT** be transferred.
4. **Deceased Owners:** If the original owners are deceased, **DO NOT** use this form.
5. Contact the legal department for additional information: legal@inglewoodpark.org

Memorial Counselor/Broker/Family: _____

Preparer: _____

Plot Location/Interment Space Description

Mausoleum: _____ Plot/Sanctuary: _____

Lot/Crypt/Niche: _____ Grave(s): _____ Single Double

Transfer From:

Full Legal Name: _____ Phone/Cellphone: _____

Address: _____

Date Of Birth: _____ Email: _____

Preferred Language: _____ Ethnicity: _____

Gender: Female Male Nonbinary Marital Status: Single Married Divorced Widow

Full Legal Name: _____ Phone/Cellphone: _____

Address: _____

Date Of Birth: _____ Email: _____

Preferred Language: _____ Ethnicity: _____

Gender: Female Male Nonbinary Marital Status: Single Married Divorced Widow



Transfer To:

Full Legal Name: _____ Phone/Cellphone: _____

Address: _____

Date Of Birth: _____ Email: _____

Preferred Language: _____ Ethnicity: _____

Gender: Female Male Nonbinary Marital Status: Single Married Divorced Widow

Full Legal Name: _____ Phone/Cellphone: _____

Address: _____

Date Of Birth: _____ Email: _____

Preferred Language: _____ Ethnicity: _____

Gender: Female Male Nonbinary Marital Status: Single Married Divorced Widow

Date: _____ Signature of Rights Holder/Transfer Applicant: _____

Date: _____ Signature of Rights Holder/Transfer Applicant: _____

Notes: