



CEDAREGE CEMETERY

*205 SE Independence Ave. #202
Cedaredge, CO 81413*

*Office – 970-856-2373 FAX – 970-856-4731
Email – CedaredgeCemetery@yahoo.com*

TRANSFER AGREEMENT

This agreement made this _____ day of _____, 20____
between _____, transferor(s)
and _____, transferee(s) is to
transfer the interment rights to the following site(s):
Section _____ Lot _____ Site(s)_____.

Terms of the transfer agreement are to be determined and agreed upon separately by the transferor(s) and transferee(s).

A copy of this agreement must be sent to the Cedaredge Cemetery District and upon receipt of payment of a \$25.00 transfer fee to the Cemetery, the Cemetery records will be updated accordingly.

By their signatures below, both parties agree to the above terms.

Transferor

Transferee

Transferor

Transferee