

APPLICATION TO **TRANSFER** ALLOTMENT

DATE:.....

ALLOTMENT DETAILS:

CEMETERY.....

BLOCK#.....

GRAVE SPACE#.....

NAME & ADDRESS OF REGISTERED OWNER(S) OF ALLOTMENT:

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.....

CONTACT NUMBER: .....

NAMES	ADDRESSES

SIGNATURE(S): ..... SIGNATURE(S): .....

ID NUMBERS: ..... ID NUMBERS: .....

SIGNATURE(S): ..... SIGNATURE(S): .....

ID NUMBERS: ..... ID NUMBERS: .....

