

APPLICATION TO **CHANGE OWNERSHIP 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:** .....

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