

Maple Hill Cemetery Association

P.O. Box 2104 • Peabody, Massachusetts 01960 • 978-531-0606
• MapleHillCemeteryPeabody@gmail.com • www.MapleHillCemetery.com •

Request to Transfer Burial Rights to Person(s) of the Jewish Faith

The undersigned hereby certify(ies) that I am/ we are the sole owner(s) of Burial Rights in the referenced plot(s) in the Maple Hill Cemetery, Peabody, Essex County, Massachusetts. I/we further certify that I/we have full legal right and authority to make this transfer request without the consent or participation of any other person or entity whatsoever.

# of Plots	Section	Row	Lot(s)	Burial Rights Certificate #	BRC Date

I/we acknowledge that only living individuals or married couples who are of the Jewish, Faith in accordance with traditional Jewish standards, or who are members of recognized Jewish denominations (including, but not limited to the Orthodox, Conservative, Reform, Reconstructionist denominations), may be transferees of burial rights in the Maple Hill Cemetery Association, a Massachusetts corporation. Accordingly, I/we certify that the proposed transferee(s) is/are of the Jewish Faith.

I/we hereby transfer and assign my/our burial rights in said plot(s) to the person(s) named below. I acknowledge that my/ our Burial Rights Certificate (if it currently exists) will be canceled and a new Burial Rights Certificate issued to the transferee(s).

Transferee(s) Name(s)	
Address	City, State, Zip
Email Address	Phone

I/we also agree that I/we, and in the event of my/our death(s), my/our estate(s), will indemnify, defend and save harmless the Maple Hill Cemetery Association, and its officers, directors and volunteers, from any loss, cost or liability resulting from any claim that I/we did not have the legal right or authority to make this transfer, or that any other person or entity has an ownership interest in said burial rights, or that said burial rights are subject to any of my/our debts or liabilities.

Owner Name 1	Date
Signature	

Owner Name 2	Date
Signature 2	

ACCEPTED ON BEHALF OF MAPLE HILL CEMETERY ASSOCIATION:

Authorized MHCA Name	Date
Signature	

INSTRUCTIONS: Please date, sign, attach your Burial Rights Certificate, and Notarized Acknowledgement for each signature and mail to
• Maple Hill Cemetery Association, PO Box 2104, Peabody, MA 01960