



Village of Genoa City

755 FELLOWS RD ▪ P.O. Box 428
Genoa City, WI 53128
262-279-6472 Office ▪ 262-279-6618 Fax

Hillside Cemetery Lot/Burial Rights Transfer Application

Applicant Information:

Deed Owner/Applicant:	
Transferee:	
Address:	City, State, Zip
Email Address:	Phone #

Plot Information:

Block #	Lot #	Number of Graves in plot	Number of Graves used	Number of Graves available	Number of Graves Transferring

Owner Information:

- Are you the Deed Holder/Lot Owner? ☐ Yes ☐ No (If yes, skip to question 7)
(please provide copy of deed)
- Name(s) of Deed Holder/Lot Owner on record:

- Is the original Deed Holder/Lot Owner(s) living? ☐ Yes ☐ No Spouse living? ☐ Yes ☐ No
(If no, please provide death certificate if not interred at Hillside Cemetery)
- If Deed Holder/Lot Owner(s) deceased, was there a Last Will and Testament? ☐ Yes ☐ No
(If yes, please provide a copy)
- Relationship to Deed Holder/Lot Owner(s) ☐ Spouse ☐ Personal Representative/EOE ☐ POA
☐ Heir ☐ Other _____
(please provide proof documents)
- List all surviving heir(s) of Deed Holder/Lot Owner(s): spouse, children, parents, brothers & sisters, grandparents, etc. in section below: (add additional list on separate sheet, if needed.)

All persons with rightful owner-interest must agree to the cemetery lot/burial rights transfer request and will need to attach a notarized statement(s) indicating they have no objections to the transfer.

Name	Relationship	Address	Phone #

Note: If there are no direct heirs (spouses, children, grandchildren, great-grandchildren, etc.), indirect heirs (parents, siblings, nieces, and nephews, etc.), may inherit the burial rights: however, the applicant must demonstrate beyond a reasonable doubt that they are appropriate heirs. The applicant must show that no other living person is more closely related to the Deed Holder/Lot Owner of record.

7. List the names of the individual(s) who the vacant spaces will be assigned to in the section below:

Name	Block	Lot	Grave	Address	Phone #

8. The undersigned hereby certify all statements are true and hereby agree to indemnify the Village of Genoa City, its employees and agents and hold it harmless from all claims, loss, liability and causes of actions by third parties including, but not limited to, any and all property damage and/or physical injury involving burial rights arising out of this Cemetery Lot/Burial Rights Transfer.

Additionally, the undersigned have reviewed the rules and regulations regarding cemetery for the Village of Genoa City and agree to abide by the terms outlined therein both now and as may be modified in the future.

The undersigned agrees to pay a Cemetery Lot/Burial Rights Transfer Fee of \$35.00 payable to the Village of Genoa City.

(In the presence of a witness)

Applicant/Owner Signature: _____ Date: _____

Transferee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

For Office Use Only

Date: _____ Total Paid: \$ _____ ☐ Cash ☐ Check # _____

Received By: _____ Verified Cemetery Records: ☐ Yes ☐ No Date Verified: _____

Notes: _____

**Please return application and all attachments to:
Village of Genoa City • 755 Fellows Rd, PO Box 428, Genoa City, WI 53128 or email to:
clerktreasurer@vi.genoacity.wi.gov.**