

**EVANGELINE TOWNSHIP  
FAMILY BURIAL SPACE TRANSFER APPLICATION**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number and Email Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Name of Cemetery: \_\_\_\_\_

Description of Burial Space(s) to be transferred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Name of Original Purchaser(s): \_\_\_\_\_

Relationship of Applicant to Original Purchaser(s): \_\_\_\_\_  
\_\_\_\_\_

You MUST answer all questions and include all attachments, or this application will be returned to you. If space on this application form is insufficient, please attach the additional pages necessary to provide the complete information requested. Mail this application and all attachments to the Evangeline Township Clerk at P.O. Box 396, Boyne City, MI 49712, or take it to the Clerk during normal office hours.

This form is designed to comply with the Evangeline Township Cemetery Ordinance, as amended.

1. Did the original purchaser(s) leave any written instructions concerning the transfer of the burial space(s)? \_\_\_\_\_ If so, please attach those written instructions.
  
2. Please provide the name, address, email address, and telephone number of any surviving spouse of the original purchaser and the name of the current spouse of the surviving spouse. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
  
3. Please list (from oldest to youngest) the names, dates of birth, addresses, email addresses, and telephone numbers of all natural and adopted children of the original purchaser(s) and the spouses of those natural and adopted children. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. Please list (from oldest to youngest) the names, dates of birth, addresses, email addresses, and telephone numbers of all natural and adopted grandchildren of the original purchaser(s) and the spouses of those natural and adopted grandchildren. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5. Please list (from oldest to youngest) the names, dates of birth, addresses, email addresses, and telephone numbers of the parents of the original purchaser(s) and the spouses of those parents. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

6. Please list (from oldest to youngest) the names, dates of birth, addresses, email addresses, and telephone numbers of the grandparents of the original purchaser(s) and the spouses of those grandparents. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

7. Please list (from oldest to youngest) the names, dates of birth, addresses, email addresses, and telephone numbers of the brothers and sisters of the original purchaser(s) and the spouses of those brothers and sisters. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

8. Has any of the above heirs-at-law (as listed in Paragraphs 2 - 7 above) declined in writing his or her priority to receive a transferred burial space? \_\_\_\_\_ If so, please attach those written declinations.

9. **AFFIDAVIT:**  
I agree the statements made above are true, and if found not to be true this application and any approval will be void.

Finally, I understand local ordinances and state acts change from time to time. Therefore, I hereby acknowledge that if any amendments or changes are made to the Evangeline Township Cemetery Ordinance in the time between the filing of this application but before a final approval of the application, I will be required to comply with the ordinance as amended.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*For office use only*

Clerk's action: Transfer Fee: \_\_\_\_\_ Check # \_\_\_\_\_ Date Received: \_\_\_\_\_

*Approval Date:* \_\_\_\_\_

*Cancellation of Prior Cemetery Lot Certificate:* \_\_\_\_\_

*Issuance of New Cemetery Lot Certificate:* \_\_\_\_\_

*Denial Date:* \_\_\_\_\_

*Reasons for denial:* \_\_\_\_\_ *See attached.*

*Signature:* \_\_\_\_\_