Cemetery Lot Transfer Permit

Town of Clover - 114 Bethel Street - PO Box 1060 - Clover, SC 29710
803-222-9495 - 803-222-6955 fax

Permit Fee $50

For Office Use Only
Date Approved _____

Please print clearly.

CURRENT OWNER

Name _____

Address 1 _____ Address 2 _____

City _____ St _____ Zip _____

Telephone _____ Email _____

CEMETERY LOT TO BE TRANSFERRED

☐ Clover Community Cemetery

☐ Woodside Cemetery

Section _____
Row _____
Lot _____

Space #'s _____

Date Purchased _____

Are there any burials in the lot? ☐ Yes ☐ No
Name(s) of burial(s)._____

PROPOSED PURCHASER — Must also complete a Cemetery Lot Purchase Application if transfer is approved.

Name _____

Address 1 _____ Address 2 _____

City _____ St _____ Zip _____

Telephone _____ Email _____

Is the proposed purchaser or recipient related to the current owner? ☐ Yes ☐ No
If yes, specify how. _____

Applicant Affirmation—I, the undersigned, duly authorized, subscribe and affirm under the penalties of perjury that I am the owner of the property herein described and that the information provided is true and correct. I hereby disclaim any further ownership of above referenced lots.

_____ _____
Signature of Current Owner(s) or Authorized Agent(s) Date
(If not owner, attach a documentation certifying ownership.)

State of _____)

County of _____)

On this _____day of _____, 20____, before me personally appeared _____ who provided satisfactory evidence of his/her identification to be the person whose name is subscribed to this instrument, and he/she acknowledged that he/she executed the foregoing instrument.

_____
Notary Public, _____ (print name)
My Commission Expires _____ (SEAL)

§96.05(a) No person shall be permitted to purchase any land in Clover Community or Woodside Cemeteries for the purpose of speculation, or for any other purpose than that of burial therein, nor shall any such land be sold except for burial purposes.