

City of Waycross, Georgia

Public Works



Cemetery Lot Transfer Request

Date: _____

Present Owner: _____

Address: _____

County: _____

Phone number: _____

Transfer to: _____

Address: _____

County: _____

Phone number: _____

Cemetery: _____ Lot No: _____ Blk. No. _____ Sec: _____

Resolution: _____ Handled By: _____

Deed: _____ Handled By: _____

New Jacket: _____ Handled By: _____

New Card: _____ Handled By: _____

Old Jacket: _____ Handled By: _____

All above changes completed:

Transfer Fee: _____

Date Fee Paid: _____