

KEYSTONE HEIGHTS CEMETERY
CITY OF KEYSTONE HEIGHTS
P.O. BOX 420
KEYSTONE HEIGHTS, FL 32656

Please furnish the following information when selling cemetery lots:

Name: _____

Address: _____

Phone Number with area code: _____

Burial Name: _____ Lot # _____

Date of Death: _____

Lots are \$600 each payable to the City of Keystone Heights.

Lots must be paid for in full at time of purchase.

Burial fees are \$100 and are to be submitted with burial permits.

Lot Number _____

Please check one of the Following:

Block _____

Keystone Memorial _____

1st Addition _____

2nd Addition _____

Old Cemetery _____

Reverter Clause: All future cemetery lot sales shall be conditioned upon the buyer agreeing to a reverter of interest to the city upon abandonment of the buyer's interest. No conveyance of these lots to third parties is allowed without City approval which shall not be refused without good cause. All documents of conveyance shall include such reverter clause. Any purchase shall be at fair market value. (City Ordinance 96-261)

- **Planting of flowers is restricted in all sections of Cemetery**
- **Head Stones must be installed within six (6) month after interment**
- **All Head Stones must be ground level in the Keystone Memorial**

I have received a copy of the Cemetery Rules and Regulations and agree to abide by them.

Signature of Buyer _____ Date _____

This form completed by _____ Date _____