

**PRAIRIE CEMETERY, CITY OF FENNIMORE  
GRANT COUNTY, WISCONSIN**

**STATEMENT OF REQUESTED DEED REPLACEMENT FEE**

*Fee of \$40 to be turned in with form*

Date \_\_\_\_\_

Lot Owner: \_\_\_\_\_

Name of Requester (if different from the owner) \_\_\_\_\_

Reasoning for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lots & Section Title: \_\_\_\_\_  
at Prairie Cemetery, Fennimore, Wisconsin.

Signature \_\_\_\_\_

**For office use only:**

Fee paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit \_\_\_\_\_

Signature \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn on oath certify that \_\_\_\_\_  
(Name of Requester) on the attached deed is organized as indicated below; that I have examined and carefully prepared this replacement from the Plans and Specifications and have checked the same in detail before submitting this replacement; that all statements made herein are made on behalf of such lot holder and that I have full authority to make such statements and submit this replacement on their behalf; and that the said statements are true and correct.

Subscribed and sworn to before me this day, \_\_\_\_\_ of, \_\_\_\_\_, 20\_\_\_\_.

Notary Public, \_\_\_\_\_ County, \_\_\_\_\_