

APPLICATION TYPE

- Transfer of Perpetual Interment Right (Holder) \$118.82
 Transfer of Perpetual Interment Right (Bequest) \$118.82

SECTION A - INTERMENT SITE

Cemetery:	Religion:
Section:	Plot No:
Grave Type:	<input type="checkbox"/> Monumental <input type="checkbox"/> Columbarium

This interment site allows for a maximum ___ fully body interments; ___ ash interments.

Graves can usually be dug to a depth to accommodate two coffins and four ashes. However, occasionally, due to rock or stability problems not evident prior to commencement of digging the grave, ground conditions may not allow for burial in an allocated plot. In these circumstances an alternate plot will be allocated

SECTION B - REGISTERED HOLDER/S OF INTERMENT RIGHT/S

Holder 1 - Proof of ownership must be provided such as copies of original paperwork and be attached to this application form.

Given Name/s:	Surname:	
Street Address:		
Suburb	State	POSTCODE
Phone: (H)	(W)	(M)
Email::		

HOLDER 2

Given Name/s:	Surname:	
Street Address:		
Suburb	State	Postcode
Phone: (H)	(W)	(M)
Email::		

SECTION C - DETAILS OF NEW HOLDER/S

HOLDER 1

Given Name/s:	Surname:	
Street Address:		
Suburb	State	Postcode
Phone: (H)	(W)	(M)
Email:		

HOLDER 2

Given Name/s:	Surname:	
Street Address:		
Suburb	State	Postcode
Phone: (H)	(W)	(M)
Email:		

SECTION D – NEXT OF KIN / Secondary contact nominated by new holder of interment right

Given Name/s:		Surname:	
Street Address:			
Suburb		State	Postcode
Phone: (H)		(W)	(M)

PROOF OF IDENTITY REQUIREMENT

Holders of an interment right should produce two original identification documents, one of which must provide photo identification. These may include a passport, license issued under Australian law (driver's licence or other government-issued licence), birth certificate/citizenship certificate, credit card, EFTPOS card, Medicare card, and membership to a registered club.

SECTION E – AUTHORISATION TO TRANSFER INTERMENT RIGHT**Registered holder/s to complete**

I/We the undersigned as the registered holder/s of the Interment Right, hereby transfer my/our interest in the Interment Right and request that the cemetery operator re-register the Interment Right in the name/s of the new holder/s in accordance with the provisions of the *Cemeteries and Crematoria Act 2013*.

Signed: _____ Date: _____

Name of registered holder: _____

Signed: _____ Date: _____

Name of registered holder: _____

New Interment right holder/s to complete

I/We the undersigned accept the transfer of the Interment Right. I/we, acknowledge that the transfer will not take effect until the transfer fee has been paid, the Cemetery Operator's Register has been updated and I/we have been issued with a Certificate of Interment Right.

Signed: _____ Date: _____

Name of registered holder: _____

Signed: _____ Date: _____

Name of registered holder: _____

Note: A cemetery operator may refuse to grant or transfer an interment right if, in the operator's opinion, the transfer would tend to create a monopoly or encourage dealing in interment rights.

Cemeteries and crematoria act 2013, section 60

To transfer a right of burial (interment right) you must provide copies of the original paperwork showing proof that you own that interment right in order to transfer that to any other person/s.

PRIVACY AND PERSONAL INFORMATION PROTECTION NOTICE: The collection of this information is a Statutory requirement under the *Cemeteries & Crematoria Act 2013 & Public Health Regulation 2012*. This document will form part of a public record that Council may use and or make available in accordance with the *Privacy and Personal Information Protection Act 1998* and the *Government Information (Public Access) Act 2009*. A consequence of non-provision may result in burial plot not being allocated. Council will take all reasonable steps to protect the personal information it holds from misuse, unauthorised access and modification. Council will retain your personal information for a period that is in accordance with the *State Records General Authority 39 (GA39)*

OFFICE USE ONLY (PAYMENT CODES – RESERVATIONS GL 30401)

Amount Paid:	\$	Date:	Receipt No:
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