PRINCIPAL OFFICE:

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Issue Date: 27/09/2021

SF173

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## TRANSFER OF CEMETERY INTERMENT RIGHT DECLARATION

|                              |             |            |           |                     | Next Review Date: September 2      | 025       |  |  |
|------------------------------|-------------|------------|-----------|---------------------|------------------------------------|-----------|--|--|
| Cemetery:                    |             |            |           |                     |                                    |           |  |  |
| nterment right I             | No          | Si         | er        | Section/Row/Other   |                                    |           |  |  |
| Currently in the             | name/s of   |            |           |                     |                                    |           |  |  |
|                              |             |            |           |                     | nd sign in front of a Justice of   |           |  |  |
| ☐ A - Curren                 |             |            |           | ievant details a    | na sign in front of a sustice of   | Cace      |  |  |
|                              |             | _          |           | lder/s, do solem    | nly and sincerely declare that     |           |  |  |
|                              | Mr          |            | _         |                     |                                    | er: M / F |  |  |
|                              |             |            | Firs      | st Name/s           |                                    |           |  |  |
| ·                            |             |            |           | · ·                 |                                    |           |  |  |
| _ast Known Address<br>Suburb |             |            |           |                     |                                    |           |  |  |
| Date of Birth                |             |            |           |                     |                                    | · ·       |  |  |
| and I,                       |             |            |           |                     |                                    |           |  |  |
| Γitle: Dr                    | Mr          | Me         | Mrs       | Miss                | Gend                               | er: M / F |  |  |
|                              |             |            |           |                     | Cond                               |           |  |  |
|                              |             |            |           |                     |                                    |           |  |  |
|                              |             |            |           |                     | Postcode                           |           |  |  |
| Date of Birth                |             |            |           |                     | 1 0010000                          |           |  |  |
|                              |             |            |           |                     |                                    |           |  |  |
| -                            | orise the t | transfer o | f my righ | its, title and inte | erest in this interment right.     |           |  |  |
| OR<br>J. B. Author           | iood Doro   |            |           |                     |                                    |           |  |  |
| □ B – Author                 |             |            |           |                     |                                    |           |  |  |
| , the Authorise              | ed Person,  | do solen   | nnly and  | sincerely decla     | re that:                           |           |  |  |
| Γitle: Dr                    | Mr          |            | Mrs       | Miss                |                                    | er: M / F |  |  |
|                              |             |            |           |                     |                                    |           |  |  |
|                              |             |            |           |                     |                                    |           |  |  |
| Suburb                       |             |            |           | State               | Postcode                           |           |  |  |
| Date of Birth _              |             |            |           |                     |                                    |           |  |  |
| attach a co                  |             |            |           | se a Power of Att   | orney for the interment right hold | er. Pleas |  |  |
| or                           |             |            |           |                     |                                    |           |  |  |

| do hereby request the interment right to be transferred to the new interment right holder detailed below.  I, the Current Interment Right Holder/s or Authorised Person, understand that the said interment right nake this solemn declaration consciention believing the same to be true and by virtue of the provisions of the Oaths Act 1936.  This section must be signed in front of a Justice of the Peace or Commissioner of Affidavits.  Signed |       | Being a person entitled to exercise the rights granted to the interment right holder upon the interment right holders death, and being the <a href="https://example.com/highest-ranking-person">highest-ranking-person</a> of entitlement in relation to the deceased interment right holder, and having provided proof of my identity (Council has the right to determine the criteria to determine the relationship and entitlement of any person claiming a substituted right) |            |            |            |                   |                   |                                       |                 |  |
|---|-------|---|------------|------------|------------|-------------------|-------------------|---------------------------------------|-----------------|--|
| (Interment Right Number) is unencumbered and I make this solemn declaration consciention believing the same to be true and by virtue of the provisions of the Oaths Act 1936.  This section must be signed in front of a Justice of the Peace or Commissioner of Affidavits.  Signed  |       |   | est the i  | ntermen    | t right to | be transferre     | ed to the new i   | nterment                              | right holder as |  |
| Signed  | (Inte | erment Right  | Number.    | ) is u     | nencumbe   | ered and I ma     | ke this solemn    | declaration                           |                 |  |
| Commissioner for Affidavits   Commissioner  | This  | s section mu  | st be sigr | ned in fro | ont of a J | ustice of the P   | eace or Commis    | ssioner of                            | Affidavits.     |  |
| Commissioner for Affidavits   Commissioner  |       |   |            |            |            |                   |                   |                                       |                 |  |
| Signed  | Sigr  | ned   |            |            |            |                   | A (( ' 15         |                                       |                 |  |
| Commissioner for Affidavits  Title: Dr Mr Ms Mrs Miss Gender: M / Address  Suburb State Postcode  State Postcode  Date of Birth Mobile Mobile Hereby accept the transfer of the above Interment Right to my name.   |       |   |            | (In        | iterment F | Right holder or A | Authorised Persoi | n)                                    |                 |  |
| Declare and subscribed at   | Sigr  | ned   |            |            |            |                   |                   | · · · · · · · · · · · · · · · · · · · |                 |  |
| This day of Year  |       |   |            | (In        | terment F  | Right holder 2 if | applicable)       |                                       |                 |  |
| Before me (Full Name A Justice of the Peace or JP/Commissioner  Commissioner for Affidavits   | Dec   | lare and subs   | scribed at |            |            |                   |                   |                                       |                 |  |
| A Justice of the Peace or JP/Commissioner  Commissioner for Affidavits  (Signed by JP/Commissioner)  NEW INTERMENT RIGHT HOLDER DETAILS  Title: Dr Mr Ms Mrs Miss Gender: M /  Last Name First Name/s  Address  Suburb State Postcode  Date of Birth Mobile  Email Hereby accept the transfer of the above Interment Right to my name.  | This  |   |            |            | day of     |                   | Year              | r                                     |                 |  |
| NEW INTERMENT RIGHT HOLDER DETAILS  Title: Dr Mr Ms Mrs Miss Gender: M / Last Name First Name/s  Address Suburb State Postcode  Date of Birth Mobile  Email Hereby accept the transfer of the above Interment Right to my name.   | A Ju  | ustice of the F   | eace or J  |            |            |                   |                   |                                       |                 |  |
| Title: Dr Mr Ms Mrs Miss Gender: M / Last NameFirst Name/s  |       |   |            |            |            | (Signed by JP/    | (Commissioner)    |                                       |                 |  |
| Last NameFirst Name/s   |       |   |            |            |            |                   |                   |                                       | 0 1 11/5        |  |
| AddressStatePostcode  Date of BirthMobile  Email  Hereby accept the transfer of the above Interment Right to my name.   |       |   |            |            |            |                   |                   |                                       |                 |  |
| Suburb State Postcode  Date of Birth  Telephone Mobile  Email  Hereby accept the transfer of the above Interment Right to my name.  I   |       |   |            |            |            |                   |                   |                                       |                 |  |
| Date of Birth Mobile Mobile  Email Hereby accept the transfer of the above Interment Right to my name.  I   | Add   | ress  |            |            |            |                   |                   |                                       |                 |  |
| Telephone Mobile  Email  Hereby accept the transfer of the above Interment Right to my name.  I   | Sub   | urb   |            |            | 8          | State             | F                 | ostcode _                             |                 |  |
| Email  Hereby accept the transfer of the above Interment Right to my name.  I   | Date  | e of Birth  |            |            |            |                   |                   |                                       |                 |  |
| Hereby accept the transfer of the above Interment Right to my name.   | Tele  | ephone  |            |            | N          | Mobile            |                   |                                       |                 |  |
| I   | Ema   | ail   |            |            |            |                   |                   |                                       |                 |  |
|   | Here  | eby accept th   | e transfer | of the ab  | ove Intern | nent Right to m   | y name.           |                                       |                 |  |
| (Full name of new Interment Right holder)   | I     |   |            |            |            |                   |                   |                                       |                 |  |
|   |       |   |            |            | (Full nam  | ne of new Intern  | ment Right holder | )                                     |                 |  |
| SignedDate  | Sigi  | ned   |            |            |            |                   | Date              | )                                     |                 |  |

Updated: 27/09/2021

## **Authority to exercise the Interment Right**

- ➤ Where the interment right holder is deceased, the interment right may be exercised by the personal representative of the deceased (in accordance with Section 35 of the Burial and Cremation Act 2013) being a person aged 18 years or more who is
  - ➤ The executor of the estate of the deceased person or, if there is more than 1 executor, 1 of the executors acting with the permission of all the other executors; or
  - > The administrator of the deceased person's estate.
- ➤ If there is no personal representative the interment right may be exercised in accordance with Regulation 32 of the Burial and Cremation Regulations 2014 as follows:
  - > By the spouse or domestic partner of the deceased interment right holder; or
  - If there is no surviving spouse or domestic partner, by the eldest living relative of the deceased interment right holder in the following descending order of priority:
    - A child;
    - A grandchild or great grandchild;
    - A brother or sister;
    - A parent;
    - A grandparent;
    - An aunt or uncle;
    - A nephew or niece;
    - A cousin;
    - Any other blood relative.

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