# Transfer of a Perpetual Interment Right as a Bequest



## **Purpose of this Application Form**

This application form should be completed by a beneficiary that seeks to transfer an interment right from the holder to themselves as the new holder.

A cemetery operator may transfer an interment right from one person or two or more persons as joint holders to one person or two or more persons as joint holders. A person to whom an interment right devolves does not become the holder of the interment right until the cemetery operator's register is amended.

Form approved by Cemeteries & Crematoria NSW under subsection 49(4) of the Cemeteries and Crematoria Act 2013.

This application form is not required for transferring rights between joint holders. On the death of a joint holder of an interment right, the remaining joint holder(s) is/are entitled to the interment right. The surviving joint holder(s) should advise the cemetery operator of the death of one joint holder so the cemetery operator's register can be updated.

| and details of the joint name of the definition, a position of the particular of the |                  |         |                  |                |       |                        |          |          |  |  |
|--|------------------|---------|------------------|----------------|-------|------------------------|----------|----------|--|--|
| Registered Holder(s) of Perpetual Interment Right(s)   |                  |         |                  |                |       |                        |          |          |  |  |
| Holder 1   |                  |         |                  |                |       |                        |          |          |  |  |
| Give Name(s)   | iive Name(s)     |         | Surname          |                |       |                        |          |          |  |  |
| Postal Address   | Street or P      | О Вох   |                  |                |       |                        |          |          |  |  |
|  | Suburb           |         |                  |                | State | 9                      | Postcode |          |  |  |
| Contact Details  | Home Pho         | ne      |                  | Mobile         |       | Work Phone             |          |          |  |  |
|  | Email            |         |                  |                |       |                        |          |          |  |  |
| Holder 2   |                  |         |                  |                |       |                        |          |          |  |  |
| Give Name(s)   | Give Name(s)     |         |                  | Surname        |       |                        |          |          |  |  |
| Postal Address   | Street or PO Box |         |                  |                |       |                        |          |          |  |  |
|  | Suburb           |         |                  |                |       | State                  | 2        | Postcode |  |  |
| Contact Details  | Home Pho         | ne      |                  | Mobile         |       | Wor                    | k Phone  |          |  |  |
|  | Email            |         |                  |                |       |                        |          |          |  |  |
| Please attach an additional sheet to register more than two holders.   |                  |         |                  |                |       |                        |          |          |  |  |
| Registered Interment Right   |                  |         |                  |                |       |                        |          |          |  |  |
| Cemetery   |                  |         |                  |                |       |                        |          |          |  |  |
| Religion/Section   | n/Wall/Niche     |         |                  |                |       |                        |          |          |  |  |
| Row/Rock   |                  |         |                  |                |       |                        |          |          |  |  |
| Plot/Rock  |                  |         |                  |                |       |                        |          |          |  |  |
| GRAVE TYPE   |                  |         |                  |                |       |                        |          |          |  |  |
| ☐ Monumental   |                  | ☐ Lawn  |                  | ☐ Single Depth |       | $\square$ Double Depth |          |          |  |  |
| ☐ Ash Internment   |                  |         | Garden Ash       |                |       |                        |          |          |  |  |
| Office Use O   | nly: Cemeter     | y Opera | ator's Signature |                |       |                        |          |          |  |  |
| Cemetery operator must sight a copy of the Orders of Probate to verify the beneficiary.  |                  |         |                  |                |       |                        |          |          |  |  |
| Signature  |                  |         |                  |                |       | Date                   |          |          |  |  |

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| <b>Details of New</b>  | Holder(s)              |                      |                     |        |            |          |          |  |  |  |
|--|------------------------|----------------------|---------------------|--------|------------|----------|----------|--|--|--|
| Holder 1   |                        |                      |                     |        |            |          |          |  |  |  |
| Give Name(s)   |                        |                      | Surname             |        |            |          |          |  |  |  |
| Postal Address   | Street or PO Box       |                      |                     | •      |            |          |          |  |  |  |
|  | Suburb                 |                      |                     |        | State      |          | Postcode |  |  |  |
| Contact Details  | Home Phone             |                      | Mobile              |        | Work Phone |          |          |  |  |  |
|  | Email                  |                      |                     |        |            |          |          |  |  |  |
| Holder 2   |                        |                      |                     |        |            |          |          |  |  |  |
| Give Name(s)   |                        |                      | Surname             |        |            |          |          |  |  |  |
| Postal Address   | Street or PO Box       |                      |                     |        |            |          |          |  |  |  |
|  | Suburb                 |                      |                     | State  |            | Postcode |          |  |  |  |
| Contact Details  | Home Phone             |                      | Mobile              | Work P | Work Phone |          |          |  |  |  |
|  | Email                  |                      |                     |        |            |          |          |  |  |  |
| Please attach an additional sheet to register more than two holders.   |                        |                      |                     |        |            |          |          |  |  |  |
| Next of Kin or Secondary Contact Nominated by Holder of Interment Right  |                        |                      |                     |        |            |          |          |  |  |  |
| Given Name(s)  |                        |                      | Surname             |        |            |          |          |  |  |  |
| Postal Address   | Street or PO Box       |                      |                     |        |            |          |          |  |  |  |
|  | Suburb                 |                      |                     | State  |            | Postcode |          |  |  |  |
| Contact Details  | Home Phone             |                      | Mobile              |        | Work Phone |          |          |  |  |  |
|  | Email                  |                      |                     |        |            |          |          |  |  |  |
| Please attach an d   | additional sheet to re | gister more than on  | e secondary contac  | t.     |            |          |          |  |  |  |
| Authorisation t  | o Transfer Interm      | nent Right           |                     |        |            |          |          |  |  |  |
| New interment ri   | ght holder(s) to com   | plete                |                     |        |            |          |          |  |  |  |
| 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. |                        |                      |                     |        |            |          |          |  |  |  |
| Holder 1   |                        |                      |                     |        |            |          |          |  |  |  |
| Signature  |                        |                      |                     |        | Date       |          |          |  |  |  |
| Name of Register   | ed Holder              |                      |                     |        |            |          |          |  |  |  |
| Holder 2   |                        |                      |                     |        |            |          |          |  |  |  |
| Signature  |                        |                      |                     |        | Date       |          |          |  |  |  |
|  |                        |                      |                     |        |            |          |          |  |  |  |
| Name of Register   | ed Holder              |                      |                     |        |            |          |          |  |  |  |
| Please attach an d   | additional sheet if mo | ore than two holders | are to be registere | rd     |            |          |          |  |  |  |

# **Proof of Identity**

Applicants must 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.

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## **Privacy Declaration**

Information collected on this form is held in accordance with the *Privacy and Personal Information Protection Act 1998*. Personal information is collected for a lawful purpose that directly relates to our primary function of providing cemetery/cremation services in accordance with the *Cemeteries and Crematoria Act 2013*. We will not collect any more information than is necessary to fulfil these functions. Except as necessary to carry out these functions, we will not disclose your personal information to anyone without your consent unless legally required to do so. We will take all reasonable steps to protect the security of any personal information held, be it stored in electronic or hard copy format. You may request access to your personal information held by us, except in the circumstances set out in Part 2, Division 3 of the *Privacy and Personal Information Protection Act 1998*.

### **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.