

2024-2025 APPLICATION TRANSFER PERPETUAL INTERMENT RIGHT Burial Plot

Reason for Application

<input type="checkbox"/> Transfer from current Interment Right Holder to another person (both living)
<input type="checkbox"/> Transfer when Interment Right Holder is incapacitated or deceased Certified copy of Statutory Declaration (REQUIRED) <ul style="list-style-type: none"> ➤ Your relationship to the original Interment Right Holder ➤ Why you want to transfer the Interment Right (eg. to organise a monument, to keep in the family name, future interments) ➤ Why you believe you have the right to claim the Interment Right ➤ Whether other relatives have agreed to the transfer ➤ Who you want to transfer the right to

1. Location

Cemetery			
Section/Denomination			
Row / Lot		Plot ID	

2. Current Interment Holder Details

Holder 1

Title	<input type="checkbox"/> Executor and <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr			
Name in full				
Address				PC
Phone	Home		Mobile	
Email			Date of Birth	

Holder 2

Title	<input type="checkbox"/> Executor and <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr			
Name in full				
Address				PC
Phone	Home		Mobile	
Email			Date of Birth	

3. Applicant(s) Details

Holder(s) listed below have sole authority concerning all actions regarding the above interment location.

Holder 1 _____ One holder is sufficient however there is provision for an optional second holder.

Title	<input type="checkbox"/> Executor and <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr				
Name in full					
Address				PC	
Phone	Home		Mobile		
Email					
Relationship to Holder				Date of Birth	

Holder 2 _____

Title	<input type="checkbox"/> Executor and <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr				
Name in full					
Address				PC	
Phone	Home		Mobile		
Email					
Relationship to Holder				Date of Birth	

Provide two (2) identification documents, one of which must be photo identification for each Holder. Copies do not require certification.

<input type="checkbox"/> Drivers License (both sides)	<input type="checkbox"/> Medicare Card	<input type="checkbox"/> Statutory Declaration (as required)
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Pension / Healthcare / ID Card

4. Contact

This person has no claim over the Interment Right but may assist Council to contact Holder(s) where contact details may have changed.

Title	<input type="checkbox"/> Executor and <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr				
Name in full					
Address				PC	
Phone	Home		Mobile		
Email					
Relationship to Holder				Date of Birth	

5. Interment Details

Name of Interred (bodily, ashes, memorial)	Date of Passing	Interment Number	Relationship to applicant

6. Support Documents

<input type="checkbox"/> Last Will & Testament	<input type="checkbox"/> Letter of Administration / Probate
<input type="checkbox"/> MCDC/ Cremation Certificate/ Notice of Disposal	<input type="checkbox"/> Death Certificate of current Holder

**Further documents may be requested*

7. Authorisation

Applicant & Previous 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 where applicable, has been paid, the cemetery operator’s register updated and I/we have been issued with a Interment Right Certificate

Current Holder(s) *If applicable*

Signed: _____
Current Holder 1

Date: _____

Signed: _____
Current Holder 2

Date: _____

New Holder(s)

Signed: _____
New Holder 1

Date: _____

Signed: _____
New Holder 2

Date: _____

Payment Details - Please refer to Cemetery Fees and Charges available on the Byron Shire Council website
[Fees and charges - Byron Shire Council \(nsw.gov.au\)](http://www.byron.nsw.gov.au)

24-25 Fee Payable		
Transfer -Right of Burial Holder	<input type="checkbox"/>	\$ 227.00 incl GST

CONTACT DETAILS

Phone (02) 6626 7049
Email cemeteries@byron.nsw.gov.au
Web www.byron.nsw.gov.au

INVOICE:

And I make this solemn declaration conscientiously believing the same to be true,
by virtue of the provisions of the Oaths Act 1900.

Declared at _____

on _____ day _____ month _____ year _____ time.

Signature of Declarant _____

in the presence of an authorised witness, who states:

I, _____, a _____

(name of authorised witness)

(qualification of authorised witness)

certify the following matters concerning the making of this statutory declaration by the person who made it:

1. I saw the face of the person OR I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. I have known the person for at least 12 months OR I have not known the person for at least 12 months but I have confirmed the person's identity using an identification document and the document I relied on was:

(describe identification relied on) _____

Signature of authorised witness _____ Date _____

Office Use Only:

Where applicable as below;

Cemetery operator must sight a copy of the Orders of Probate to verify the beneficiary, where it is a bequest

Cemetery operator's signature: _____

Cemetery operator must sight a copy of the Will giving power to act where applicable

Cemetery operator's signature: _____

Cemetery operator must sight a copy Enduring Power of Attorney to act where applicable

Cemetery operator's signature: _____

Cemetery operator must sight a copy of Proof of Identity documents where applicable

Cemetery operator's signature: _____