

Additional Grantees to Burial Licence



Catholic Cemeteries
& Crematoria
Care, Compassion, Choice

Details of Grantee/s

Owner 1

Mr/Mrs/Miss/Ms Given Name:

Surname:

Address:

Suburb:

State:

Postcode:

Phone: (H)

(W)

(M)

Email:

Owner 2 – if applicable

Mr/Mrs/Miss/Ms Given Name:

Surname:

Address:

Suburb:

State:

Postcode:

Phone: (H)

(W)

(M)

Email:

Location Details

Cemetery: Rookwood Field of Mars Liverpool Kemps Creek North Rocks

Section/Area:

Grave/Crypt/Vault etc Number/s:

Details of Additional Grantee/s

Additional Grantee 1

Mr/Mrs/Miss/Ms Given Name:

Surname:

Address:

Suburb:

State:

Postcode:

Phone: (H)

(W)

(M)

Email:

Phone: (02) 9649 6423 Fax: (02) 9643 2869

Mail: PO BOX 10, Lidcombe 1825 Address: Barnet Avenue, Rookwood, NSW

Email: enquiries@catholiccemeteries.com.au Website: www.catholiccemeteries.com.au



Details of Additional Grantee/s – continued

Additional Grantee 2 – if applicable

Mr/Mrs/Miss/Ms Given Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____

CURRENT GRANTEES to complete

I/We, the undersigned accept the additional owners to the Burial Licence.

Signed: _____

Registered Owners Name: _____

Signed: _____ Date: _____

Registered Owners Name: _____

ADDITIONAL GRANTEES to complete

I/We, agree to accept responsibility for the Burial Licence and confirm that the information provided is true and correct to the best of My/Our knowledge.

Signed: _____

Registered Owners Name: _____

Signed: _____ Date: _____

Registered Owners Name: _____

Joint Ownership Change Transfer Fee

Joint Ownership Change Transfer Fee	\$105.00
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