

Transfer of Interment Right as a result of a bequest or intestacy

Purpose of this application form:

This application form should be completed by either:

- 1. a beneficiary that seeks to transfer an interment right from the holder (deceased) to themselves as the new holder **or**
- 2. an executor or other authorised person that seeks to transfer an interment right from the holder (deceased) to a 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 subsections 49(4) and 50(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. Surviving joint holder/s should advise the cemetery of the death of one joint holder so the cemetery operator's register can be updated.

REGISTERED HOLDER DETAILS

| \bigcirc Mr \bigcirc Mrs \bigcirc Miss \bigcirc Ms | Given Name: | Surname: | |
|--|--------------------|--------------------|-----------------|
| Address: | | | |
| Suburb: | | State: | Postcode |
| Phone: (H) | (W) | (| (M) |
| Email: | | | |
| | | | |
| | | | |
| ○ Mr ○ Mrs ○ Miss ○ Ms | Given Name: | Surname: | |
| ○ Mr ○ Mrs ○ Miss ○ Ms Address: | Given Name: | Surname: | |
| | Given Name: | Surname: State: | Postcode |
| Address: | Given Name: (W) | State: | Postcode (M) |

| LOCATION OF SITE AT LIVERPOOL CEMETERY | | | | | |
|---|---|---|-----------|--|--|
| Area: | | Number: | | | |
| INTERMENT SITE TYPE | | | | | |
| Below Ground Burial Above Ground Buria | Cremated Remains Natural Burial - Rene Interment Right | O Lawn Grave O Monumental Lawn G O Monumental Section | | | |
| NUMBER AND NATURE OF | INTERMENTS | | | | |
| The Rights of Interment grantee | d pursuant to this Agree | ment are Perpetual Rights of Inte | erment. | | |
| This Site allows for a minimum of full body Interments | | | | | |
| | PLEASE NOTE: The cemetery must be provided with and sight copies of the Will / Orders of Probate / Letter of Administration to verify the beneficiary. | | | | |
| DETAILS OF NEW HOLDER/ | S | | | | |
| ○ Mr ○ Mrs ○ Miss ○ Ms Giver | Name: | Surname: | | | |
| Address: | | | | | |
| Suburb: | | State: | Postcode: | | |
| Phone: (H) | (W) | (M) | (M) | | |
| Email: | | | | | |
| ○ Mr ○ Mrs ○ Miss ○ Ms Giver | Name: | Surname: | | | |
| Suburb: | | State: | Postcode: | | |
| Phone: (H) | (W) | (M) | | | |
| Email: | (**) | (**) | | | |
| | | | | | |
| ○ Mr ○ Mrs ○ Miss ○ Ms Giver | Name: | Surname: | | | |
| Address: | | | | | |
| Suburb: | | State: | Postcode: | | |
| Phone: (H) | (W) | (M) | | | |
| Email: | | | | | |
| Additional chao | t to be attached if man | e than three Holders are to be re | adistand | | |
| Additional shee | t to be attached if more | e than three holders are to be fe | gistereu | | |

SECONDARY CONTACT/NEXT OF KIN

| $ullet$ Mr \bigcirc Mrs \bigcirc Miss \bigcirc Ms | Given Name: | Surname: | |
|---|-------------|----------|-----------|
| Address: | | | |
| Suburb: | | State: | Postcode: |
| hone: (H) | (W) | () | М) |
| Email: | | | |

Additional sheet to be attached if more than one secondary contact is to be registered

PERSONS WHOSE REMAINS MAY BE INTERRED IN THE SITE

| Name(s) of person(s) whose remains may be interred in the Site: | | | | | | | | |
|---|---|---------------------|-----------------|--------|---|----|--|---|
| 1 | | | | 6 | | | | |
| 2 | | | | 7 | | | | |
| 3 | | | | 8 | | | | |
| 4 | | | | 9 | | | | |
| 5 | | | | 10 | | | | |
| | The class of perso to the Holder(s)) remains may be i the Site (you may (1) class: O Spouse O Parents O Grandparents | whose nterred in | nate (at a futi | ure ti | who may nomi- me) the person(s) ay be interred in | OR | The class of personominate (at a fut person(s) whose rinterred in the Situselect one (1) clas O Spouse O Parents O Grandparents | ture time) the remains may be e (you may only |
| | J Granuparents | | | | | | | <u> </u> |

Please note: Subject to clauses 3(e) and 3(f), unless the Holder (or any person or class of persons referred to above who have a right to nominate) provides written notice to CMCT to the contrary, the person(s) or class of person(s) nominated above (or nominated at any time in the future) have the right to be interred in the Site, notwithstanding any changes in circumstances that occur after this Agreement is signed or after the nomination is made (for example, relationship breakdowns).

The onus remains on the Holder (or any person or class of person(s) referred to above who have a right to nominate) to notify CMCT in writing of any changes to the nominations above (or any nominations which are made in the future).

The Holder will also need to notify CMCT in writing of any changes the Holder wishes to make to any person or class of person(s) referred to above who have a right to nominate.

Proof of Identity

Holders must produce two (2) original identification documents, one (1) of which must include photo identification. This may include a passport, birth certificate/citizenship certificate, licence issued under Australian law (drivers licence or other government issued licence) credit card, EFTPOS card or Medicare card.

All documents must contain the Holder's name with one (1) also including a photo.

O ID Documents attached

AUTHORISATION TO TRANSFER INTERMENT RIGHT

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 registry has been updated and I/We have been issued with a certificate of interment right.

| Signature: | Date: |
|----------------------------|-------|
| × | |
| Name of registered Holder: | |
| Signature: | Date: |
| × | |
| Name of registered Holder: | |
| Signature: | Date: |
| × | |
| Name of registered Holder: | |

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 fulfill 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.*

NEXT STEPS

- 1. Check that you have completed all parts of the form
- 2. Attach copies of ID documents for new holder/s
- 3. Attach copies of Will/ Grant of Probate / Grant of letters of Administration (whichever is applicable) Make sure that payment is attached to the form or brought with you if paying in person

RETURNING YOUR FORM

You can return this form, any supporting documents and payment:

1. By post to: Liverpool Cemetery PO BOX 4676 CASULA MALL NSW 2170 2. In person at our office 207 Moore Steet Liverpool NSW