ALEXANDRINA COUNCIL



APPLICATION FOR THE TRANSFER OF INTERMENT RIGHT

Cemetery	Name:			
-	(please tick relevant box) General Section Memo	orial Gardens Niche Wall Lawn Section		
Plot Number:				
Interment Right / Lease Number:				
IMPORTANT				
Please select and complete all details for either "Section A" (current interment right holder/s)				
	Or "Section B" (authorised person) below and	d sign in front of a JP on page 2.		
Section A	A			
I, the current registered interment right holder, do solemnly and sincerely declare that:				
, the surrent registered intermenting it hereast, as selecting and emission, assisted that				
1,	(full name)	(date of birth)		
of	(address)			
	(telephone) (mol	bile)		
	(email)			
(And) I,	(full name)	(date of birth)		
of	(address)			
	(telephone) (mol	bile)		
	(email)			
do hereby authorise the transfer of my rights, title and interest in this interment right.				
OR				
Section B				
I, the authorised person, do solemnly and sincerely declare that:				
1,	(full name)	(date of birth)		
of	(address)			
	(telephone) (mol	bile)		
	(email)			

	Being a person having the right to exercise a Power of Attorney for the interment right holder. (Please attach a copy of the Power of Attorney or other evidence documents)		
OR			
	Being a person entitled to exercise the rights granted to the interment right holder's death, and being the highest ranking the deceased interment right holder, and having provided puright to determine the criteria to determine the relationship as substituted right) do hereby request the interment right interment right holder as detailed below.	ng person of entitlement in relation to roof of my identity (Council has the and entitlement of any person claiming	
This se	PLEASE NOTE: ection below must be signed in front of a Justice of the Pea	ace or Commissioner of Affidavits	
I, the CUF	RRENT INTERMENT RIGHT HOLDER/S or AUTHORISED PEright (Interment Right Number:) is unencumber on conscientiously believing the same to be true and by virtue or	RSON, understand that the said ered and I make this solemn	
Signed: _	(interme	(interment right holder of authorised person)	
Signed: _	(Interme	(Interment right holder 2 – if applicable)	
Declare a	nd subscribed at		
this	day of	Year	
Before me (Full Name)			
A Justice of the Peace or Commissioner for Affidavits			
(Signed JP/Commissioner)			
NEW INTERMENT RIGHT HOLDER (1 ONLY – PLEASE INSERT FULL DETAILS)			
Title: Dr Mr Ms Mrs Miss			
):		
	·		
	State:		
Date of Bi	rth:		
	Tel (H)		
Mobile			
Email:			
	ccept the transfer of the above interment right to my name.		
NEW INTERMENT RIGHT HOLDER TO SIGN – not in front of JP			
1			
	name of new interment right holder)		
Signed:_		Date:	