



Southern Metropolitan Cemeteries NSW

Transfer of an interment right as a result of intestacy

Perpetual interment right Renewable interment right

Registered holder/s of interment right/s

Holder 1

Given name/s: _____
Surname: _____ Date of birth: _____
Address: _____
Suburb: _____ State: _____ Postcode _____
Phone: (H) _____ (W) _____ (M) _____
Email: _____

Holder 2

Given name/s: _____
Surname: _____ Date of birth: _____
Address: _____
Suburb: _____ State: _____ Postcode _____
Phone: (H) _____ (W) _____ (M) _____
Email: _____

Please attach an additional sheet to list more than two holders

Registered Interment right

Cemetery: _____
Interment Site: _____

Grave type

Monumental Lawn Columbarium

Other—please specify _____

Number of Interments	Maximum Allowed	Interred	Remaining
Full Body Interments			
Ash Interments			



For and on behalf of
**Southern Metropolitan
Cemeteries NSW**

Reference	SMCNSW-CC-FOR-011_1	Document owner	CC	Revision No.	1
Authorised by	Manager, Marketing	Issue Date	Jan 2021	Revision Date	Jan 2023

Purpose

1. This application form should be completed by an executor or other authorised person (for example the beneficiary) that seeks to transfer an interment right from the holder (deceased) to a new holder.
2. 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.
3. 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.

Privacy declaration

1. Information collected is held in accordance with the *Privacy and Personal Information Protection Act 1998* (PPIP1998). 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* (CC2013).
2. SMCNSW collects personal information to assist in the processing of this application and to notify Applicant(s) and Holder(s) of Right about matters concerning them or the applicable Place of Interment or the provision of goods and services contracted for. This collection of personal information is also required to assist SMCNSW in complying with its obligations under the CC2013.
3. 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.
4. SMCNSW 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 PPIP1998.
5. Under the CC2013, SMCNSW is required to keep records regarding interments, cremations and Rights of Interment. Members of the public are entitled to request and be provided with access to those records.
6. If the Applicant or the Holder of Right chooses not to provide the personal information requested in this application, SMCNSW may not be able to process the application or provide the goods and services for which the information is required.
7. Additional information about our privacy policy and how it applies is available at <https://woronoramemorialpark.worldsecur systems.com/privacy-policy>

Authorisation to transfer Interment Right

Applicant's acknowledgment/declaration

I/We the undersigned declare and acknowledge:

1. I have read and understand the matters set out in the Standard Consumer Terms and Conditions (SCTC).
2. I am over 18
3. I have the authority as the rights holder or on behalf of the rights holder to transfer this right,
4. as the rights holder or on behalf of the rights holder, I can accept the legal responsibility to undertake the obligations outlined in the SCTC.
5. the conditions associated with this request as set out in the SCTC are legally binding and that the information I have provided is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

Name: _____

Signed: _____ Date: _____

Name: _____



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Authorisation to accept transferred interment right

Details of New Holder/s

Holder 1

Given name/s: _____
Surname: _____ Date of birth: _____
Address: _____
Suburb: _____ State: _____ Postcode _____
Phone: (H) _____ (W) _____ (M) _____
Email: _____

Holder 2

Given name/s: _____
Surname: _____ Date of birth: _____
Address: _____
Suburb: _____ State: _____ Postcode _____
Phone: (H) _____ (W) _____ (M) _____
Email: _____

Please attach an additional sheet to register more than two holders

Next of kin/secondary contact nominated by new holder of interment right

Given name/s: _____ Surname: _____
Address: _____
Suburb: _____ State: _____ Postcode _____
Phone: (H) _____ (W) _____ (M) _____
Email: _____ Relationship to Holder 1: _____

Please attach an additional sheet to register more than one secondary contact

Number of persons who may be interred: _____

Identity of person/s whose remains may be interred:

OR **Class of person/s whose remains may be interred:**

Specify a person who may nominate the person/s whose remains may be interred:



New interment holder/s to complete

I/We the undersigned declare and acknowledge:

1. I have read and understand the matters set out in the Standard Consumer Terms and Conditions (SCTC).
2. I am over 18.
3. as the rights holder or on behalf of the rights holder, I accept the obligations outlined in the SCTC.
4. I accept the transfer of the interment right.
5. the transfer will not take effect until
 - a. the transfer fee has been paid, and
 - b. SMCNSW's register has been updated and
 - c. I have been issued by SMCNSW a certificate of interment right.
6. the conditions associated with this request as set out in the SCTC are legally binding
7. that the information I have provided is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

Name of NEW registered holder: _____

Signed: _____ Date: _____

Name of NEW registered holder: _____

Transfer fees (SMCNSW to complete)

Fee payable: _____

SMCNSW Declaration:

1. I _____ the undersigned am duly authorised on behalf of SMCNSW to certify this order pursuant to the obligations outlined and delegated under the *Cemeteries and Crematoria Act 2013*.
2. It has been represented to the staff of SMCNSW that the applicant and any associated parties to this interment right have read and agreed with the SCTC and any applicable terms or laws.
3. As required by Law and the SCTC the applicant has produced to me the certified probate documents and any other document I have requested.
4. I have viewed the presented documents and am satisfied to authorise this transfer.

Signed for and on behalf of SMCNSW

Date



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**Southern Metropolitan
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