

Interment Right Number .....



CITY OF  
MITCHAM

## Transfer of Interment Right Declaration

Section ..... Block .....

Currently in the name(s) of .....

Please select and complete all details for either A (current interment right holder/s) or B (authorised person) below and sign in front of a JP on page 2.

☐ **A. I, the current registered interment right holder, do solemnly and sincerely declare that:**

I, (full name) ..... (date of birth) .....

of (address) .....

(telephone) ..... (mobile) ..... (email) .....

(And) I, (full name) ..... (date of birth) .....

of (address) .....

(telephone) ..... (mobile) ..... (email) .....

do hereby authorise the transfer of my rights, title and interest in this interment right.

OR

☐ **B. I, the authorised person, do solemnly and sincerely declare that:**

I, (full name) ..... (date of birth) .....

of (address) .....

(telephone) ..... (mobile) ..... (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)

☐ Being a person entitled to exercise the rights granted to the interment right holder upon the interment right holder's death, and being the **highest ranking person** in the following **descending order** of entitlement (select one only) in relation to the deceased interment right holder:

☐ 1. Executor/s or Administrator of estate

☐ 7. The eldest living grandparent

☐ 2. The spouse or domestic partner

☐ 8. The eldest living aunt or uncle

☐ 3. The eldest living child

☐ 9. The eldest living nephew or niece

☐ 4. The eldest living grandchild or great-grandchild

☐ 10. The eldest living cousin

☐ 5. The eldest living brother or sister

☐ 11. The eldest living blood relative

☐ 6. The eldest living parent

and having providing proof of my identity (The Authority has the right to determine the criteria to determine the relationship and entitlement of any person claiming a substituted right as above)

do hereby request the interment right be transferred to the new interment right holder as detailed on Page 2.

Street Address:  
131 Belair Road  
Torrens Park SA 5062

Postal Address:  
PO Box 21  
Mitcham Shopping Centre  
Torrens Park SA 5062

Phone: (08) 8372 8888  
Fax: (08) 8372 8101  
mitcham@mitchamcouncil.sa.gov.au  
www.mitchamcouncil.sa.gov.au

I, the **CURRENT INTERMENT RIGHT HOLDER/S** or **AUTHORISED PERSON**, understand that the said interment right (*insert interment right number*) is unencumbered and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1936.

Signed: ..... (interment right holder or authorised person)

Signed: ..... (interment right holder 2)

**This section must be signed in front of a Justice of the Peace or Commissioner of Affidavits.**

Declared and 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 ..... Full Name .....

of .....

Suburb ..... State ..... Postcode .....

Phone ..... Mobile ..... Email .....

**hereby accept the transfer of the above interment right to my name.**

**NEW INTERMENT RIGHT HOLDER to sign – not in front of JP**

I ..... (Full name of new interment right holder)

Signed ..... Date .....

**Please return the fully completed Original form (no copies) to the City of Mitcham.**