

TRANSFER OF RIGHT OF BURIAL 2019-2020

Please return the original form by post or in person*

Name of Holder of Burial Rights			
Address of Holder of Burial Rights			
Name After Transfer			
Address			
Relationship to Original Holder of Burial Rights		Tel:	
Site No.		Section	
Signature		Date	
Amount	\$	Receipt No. (Code CMLT)	

I/We.....
 (Full name)
 of.....
 (Address)

apply for the transfer of the above right of burial and I/We declare that I am /We are

1. The sole executor or administrator of the holder of burial rights
2. A joint executor or administrator (with the permission of all others) of the holder of burial rights.
3. The spouse of the holder of burial rights (including a putative or common law spouse)
4. The eldest living and legally capable child of the holder of burial rights
5. The eldest living and legally capable grandchild of the holder of burial rights
6. The eldest living and legally capable sibling of the holder of burial rights
7. The eldest living and legally capable blood relative of the holder of burial rights

NB: If you are not the Executor to the Estate, you will need signed permission from the Executor for us to transfer the lease to your name/s, or a signed document confirming there is no Will

Declared before me
 (Signature of witness) (Signature of applicant.)

 (Print name of witness) (Signature of additional applicant (if applicable))

Sighted Documents:

Datawork No:.....

To The Management of Salisbury Memorial Park

I, _____

Being the Executor of the Estate for the late

Site Details _____

Request the lease be transferred into my Name (as listed below)

OR

Authorise the lease to be transferred into the Name of

Address

I understand as the Executor of the Estate that if I nominate a third party, I
relinquish any rights or responsibilities for the lease. Enclosed is a Copy of the
page of the Last Will and Testament naming myself as the Executor.

Signed _____ Dated _____

Full Name of Executor _____

Address _____

Contact Number _____

Witnessed _____ Dated _____

Witness Full Name _____

Address _____

Contact Number _____

To The Management of Salisbury Memorial Park

I, _____

As the Next of Kin of the late

Confirm that they had no Last Will and Testament at their time of death.

As the Next of Kin, I wish to take over the Rights and Responsibilities to site

Number:

In Salisbury Memorial Park.

Name _____

Address _____

Signature _____ Dated _____

OR I nominate the person below to take over the lease with the understanding that I will have no responsibilities or rights to the site mentioned

Name _____

Address _____

Signature _____ Dated _____

Witness Name _____

Address _____

Signature _____ Dated _____

Please include Supporting Documentation that can confirm the relationship between you and the deceased. For example Marriage Certificate, Birth Certificate, Death Certificate.