

Administration Office -

City of Salisbury, 34 Church St, Salisbury Postal Address PO Box 8, Salisbury SA 5108 Cemetery - Spains Road, Salisbury Downs 5108

Telephone: 8406 8317 Fax: 8281 5466 Email: cemetery@salisbury.sa.gov.au

ABN: 82 615 416 895 FEES INCLUDE GST

TRANSFER OF RIGHT OF BURIAL 2019-2020

Please return the original form by post or in person*

Name of Ho	older of					
Burial Right						
Address of		of				
Burial Right						
Name After	r Transfe	er:				
Address:		I				
	-	ginal Holder	of		Tel	l:
Burial Right Site No:	ts:		Section	:		
Signature:					Date:	
of current lease	holder					
Amount:	\$		Receipt N	lo	(Co	ode CMLT)
I/We	••••					
(Full name)						
	••••••					······································
(Address)	ha tran	sfor of the	ahove rigi	ht of hurial and	ا /۱/۱۵ م	eclare that I am /We are
apply 101 t			_		_	-
	1. The	e sole execu	itor or adr	ministrator of th	ie holde	er of burial rights
		oint executorial rights.	or or admi	inistrator (with	the perr	mission of all others) of the holder of
	3. The	e spouse of	the holde	er of burial right	s (includ	ling a putative or common law spouse
	4 Th	e eldest livii	ng and leg	gally capable chi		
	4. The		.6 4.14 106		ld of the	e holder of burial rights
			_	ally capable gra		e holder of burial rights of the holder of burial rights
	5. The	e eldest livii	ng and leg		ndchild	_
	5. The	e eldest livii e eldest livii	ng and leg	ally capable sib	ndchild ing of tl	of the holder of burial rights
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Version: 2, Version Date: 04/03/2020

To The Management of Salisbury Memorial P	ark	
l,		
Being the Executor of the Estate for the late		
Site Details:		
Request the lease be transferred into my Nar		
<u>OR</u>		
Authorise the lease to be transferred into the	P. Name of	
Address		
I understand as the Executor of the Estate that rights or responsibilities for the lease. Enclos Testament naming myself as the Executor.		-
Signed	_ Dated	
Full Name of Executor		
Address		
Contact Number		
Witnessed	Dated	
Witness Full Name		
Address		
Contact Number		

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l,							
As the Next of Kin of the late							
Confirm that they had no Last Will and Testan As the Next of Kin, I wish to take over the Righ							
Number:	·						
In Salisbury Memorial Park.							
Name							
Address							
Signature	Dated						
<u>OR</u> 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						

To The Management of Salisbury Memorial Park

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

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