

TRANSFER OF RIGHT OF INTERMENT

(All fields must be completed. If non-applicable, please enter 'N/A')

Name (of person completing the application):							
Postal Address:							
City:	State:	Postcode:					
Phone:	Email:						
Cemetery: Section: Current ROI Holder(s):	<i>Row:</i>	Number:					
I,							
(please ☑ the applicable statement/s)							
the <u>person</u> in whose name the Right of Burial was issued							
\Box the <u>executor</u> of the estate of the person in whose name the Right of Burial was issued							
the <u>person with the written authority of the executor of the estate</u> of the person in whose name the Right of Burial was issued							
□ the <u>person with the written authority of all the surviving immediate relatives</u> of the person in whose name the Right of Burial was issued							
hereby request the transfer of Right of Interment for the abovementioned plot to:							
Name (of new Right of Interment Holder):							
Postal Address:							
City:	State:	Postcode:					
Phone:	Email:						

DECLARATION

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an Act of the Parliament of Victoria, rendering persons making a false declaration punishable for wilful and corrupt perjury.

Signed:				Date:	
	Owner of Right of Burial	Other (as above)			
		THE MILDURA	CEN	IETERY TRUST	
ABN 75 827 218 451					
		3281 Deakin Avenu	ıe, MII	LDURA VIC 3502	
		PO Box 105, N	1ILDU	RA VIC 3502	
		Telephone	: (03)	5018 8260	

Email: cemeterytrust@mildura.vic.gov.au