

Application to Transfer Right of Burial

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009 and Western Downs Regional Council Local Laws*. The personal information collected on this form will be used to confirm correct allocation of grave reservation. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to funeral director or company for the purpose of confirming reservation and administering act and law above. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Original Right of Burial Details

| | | | |
|--------------------|---|-------------------------|--|
| Surname: | | First name: | |
| Maiden Name: | | Address: | |
| Suburb: | | Post Code: | |
| Cemetery Location: | <input type="checkbox"/> Myall Remembrance Park <input type="checkbox"/> Dalby Monumental Cemetery <input type="checkbox"/> Chinchilla Pioneer Cemetery <input type="checkbox"/> Wandoan Cemetery <input type="checkbox"/> Miles Cemetery <input type="checkbox"/> Meandarra Cemetery <input type="checkbox"/> Moonie Cemetery <input type="checkbox"/> Jandowae Cemetery <input type="checkbox"/> Tanderra Lawn Cemetery <input type="checkbox"/> Chinchilla Monumental Cemetery <input type="checkbox"/> Condamine Cemetery <input type="checkbox"/> Tara Cemetery <input type="checkbox"/> The Gums Cemetery <input type="checkbox"/> Other _____ (Name of Cemetery) | | |
| Section: | | Row/Grave/Niche Number: | |
| Date of Issue: | / / | | |

Declaration: (Place a single line through the statement that is not applicable and initial both)

1. I, being the holder and therefore right of burial holder of the above mentioned right of burial (grave certificate), transfer and assign all my rights to the person mentioned below.
2. I, acting pursuant to authorisation granted subsequent to the right of burial holder having deceased or being deemed legally incapacitated.

****Please provide original grave certificate and copy of any will/documentation naming the executor of the estate of letters of probate naming the administrator or enduring power of attorney.**

New Right of Burial Holder Details

| | | | |
|--------------|--|----------------|-----|
| Surname: | | First name: | |
| Maiden Name: | | Address: | |
| Suburb: | | Postcode: | |
| Phone: | | Date of Birth: | / / |

| | | | |
|--------------------------------------|------|---|---|
| Signature of Original Burial Holder: | Date | / | / |
| Signature of New Burial Holder: | Date | / | / |
| Signature of Witness: | Date | / | / |
| Name of Witness: | | | |

