



# City of Port Lincoln

Template No 16-16-T13

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## TRANSFER OF INTERMENT RIGHT DECLARATION – AUTHORISED PERSON

Cemetery:	Interment Right No:	Burial No/s:
Section:	Row:	Allotment No:
Name of person/s interred in this site:		
Name of Current Interment Right Holder:		

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

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

Of (address) .....

(phone) ..... (email) .....

**Being** the executor/s or administrator of estate having the right to exercise a Power of Attorney for the interment right holder. (please attach certified copy of will & testament)

**OR**

**declare** the executor of the estate is deceased or legally incapacitated and I am the **highest ranking person** in the following **descending order** of entitlement (**select one only**) in relation to the deceased interment right holder:

- |  |   |
|--|---|
| <input type="checkbox"/> 1. The Spouse or domestic partner                   | <input type="checkbox"/> 6. The eldest living grandparent     |
| <input type="checkbox"/> 2. The eldest living child                          | <input type="checkbox"/> 7. The eldest living aunt or uncle   |
| <input type="checkbox"/> 3. The eldest living grandchild or great-grandchild | <input type="checkbox"/> 8. The eldest living nephew or niece |
| <input type="checkbox"/> 4. The eldest living brother or sister              | <input type="checkbox"/> 10. The eldest living cousin         |
| <input type="checkbox"/> 5. The eldest living parent                         | <input type="checkbox"/> 11. The eldest living blood relative |

*and having provided proof of my identity (Council has the right to request proof of the relationship and entitlement of any person claiming a substituted right as above)*

**as the authorised person do hereby request the interment right be transferred to the new interment right holder to:**

(title) ..... (full name) ..... (date of birth) .....

(address) .....

(phone) ..... (email) .....

**I (full name) ....., the authorised person understand that the above said interment right 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:** ..... (authorised person)

*To be completed by a Justice of the Peace:*

Declared and subscribed at ..... in the state/territory of .....

This ..... day of ..... year ..... Before me ..... (full name)

A Justice of the Peace or Commissioner of Affidavits ..... (Signed JP/Commissioner)

*This section does NOT need to be signed in front of a Justice of the Peace or Commissioner of Affidavits:*

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

**Hereby accept the transfer of the above interment right to my name**

**Signed:** ..... **Date:** .....

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

**Information for completing this form:**

**Order of Entitlement**

- (a) *The registered interment right holder – the name which appears on the existing, current interment right has exclusive rights to exercise a transfer. If held in joint names, the transfer must be approved by all interment right holders. In the case where a joint interment right holder passes away, the entitlements to the interment right pass to the remaining interment right holder(s).*
- (b) *Upon the death or legal incapacity of the interment right holder(s), one of the following persons, as defined as the personal representative in the S.A. Burial and Cremation Act 2013, is entitled to exercise the rights granted to the interment right holder.*
  - *The Executor of the interment right holder – one person solely responsible for conducting the affairs of the deceased or legally incapacitated registered interment right holder.*
  - *A joint Executor, with written permission from all other executors, of the interment right holder.*
  - *The administrator of the estate of the deceased interment right holder.*

**City of Port Lincoln will require certified copies of relevant authorising documents to be provided i.e., Will & Testament or Power of Attorney;**

*If there is no personal representative, one of the following persons entitled to exercise the rights granted to the interment right holder upon their death or legal incapacity, as defined in the Burial and Cremation Regulations 2014, then the surviving spouse or surviving domestic partner (as defined in the Family Relationships Act 1975).*

*If there is no surviving spouse or domestic partner, the eldest living and legally capable relative of the deceased interment right holder in the following descending order of priority;*

1. *A child of the interment right holder;*
2. *A grandchild or great-grandchild;*
3. *A brother or sister;*
4. *A parent;*
5. *A grandparent;*
6. *An aunt or uncle;*
7. *A nephew or niece;*
8. *A cousin;*
9. *Any other blood relative.*

**Instructions for Completion of the Transfer of Interment Right**

*The section of the form commencing ‘I the authorised person understand that:’ is to be completed by the highest ranking person in the devolvement table (see above).*

*The section of the form with ‘request the interment right be transferred to’ is to show the full name and mailing address of the person accepting the transfer. The highest ranking person in the order of entitlement (see above) may transfer the interment right to themselves or any other person, eg, family member, trustee, friend, who has an interest in and is willing to accept all rights and responsibilities for the burial/memorial position noted on the reverse of this document.*

*As this is a legal document, the signature of the highest ranking person in the order of entitlement is to be witnessed by a Justice of the Peace or a Prescribed Police Officer.*

*The top section of this page is to contain the full name and signature of the person accepting the responsibilities associated with being the new registered interment right holder of the burial/memorial position as noted on the reverse of this document.*

**OFFICE USE ONLY:**

**Faxed to Cemetery Curator:**  Yes **Date:**

**Certificate Issued:**  Yes

**Updated Synergy Soft:**  Yes

**Interment Right Statement Issued:**  Yes

**Interment Right Form Completed:**  Yes