

Statutory Declaration – Joint Holder of Right of Interment

Cemetery: _____

Ref No: _____

Deceased name: _____

Location of burial place: _____

This form accompanies the Application for interment authorisation (Form 1: Regulation 16, Schedule 1)

Instructions for completing a statutory declaration

Please complete the following form using the notes in the left-hand margin for guidance. More guidance on making statutory declarations can be found at www.justice.vic.gov.au.

When making the statutory declaration the declarant must say aloud:

I, [full name of person making declaration] of [address], declare that the contents of this statutory declaration are true and correct.

Statutory Declaration

Insert the name, address and occupation (or alternatively, unemployed or retired or child) of person making the statutory declaration.

I, _____, of
(Full Legal Name)

(Residential Address)

(Occupation)

Set out matter declared to in numbered paragraphs. Add numbers as necessary.

make the following statutory declaration under the **Oaths and Affirmations Act 2018**:

1. I indemnify the Southern Metropolitan Cemeteries Trust against any loss, costs or damages arising as a result of, or in connection with, my instructions.
2. I am one of the joint Holder of Right (HoR) for the above said right of interment (location) and I have been unable to locate and / or contact the other joint HoR(s) despite having used 'diligent inquiries' to do so, including (tick the corresponding inquiry type):
 - Telephoning the number below
 - Searching the White Pages
 - Contacting other person(s) who may know of the whereabouts of the other HoR's
 - Using social media platforms
 - Advertising in the local newspaper being, _____
[Insert name of the local newspaper]
3. The details I have of the other(s) joint Holder of Right of Interment that were used as part of diligent inquiries are:

First Name:	Surname:
Street Address:	Suburb: Postcode:
Phone Home/Work:	Mobile:

Statutory Declaration – Joint Holder of Right of Interment

I declare that the contents of this statutory declaration are true and correct, and I make it knowing that making a statutory declaration that I know to be untrue is an offence.

Signature of person making the declaration

_____ on _____
(Signature) (Date)

Place (City, town or suburb)

Declared at

***in the state of Victoria**

Date

on _____
(Date)

Signature of authorised statutory declaration witness

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:

(Signature)

Date

on _____
(Date)

Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)

A person authorised under section 30(2) of the **Oaths and Affirmations Act 2018** to witness the signing of a statutory declaration.

(Full Name)

(Residential Address)

(Capacity in which the authorised person as authority)

The witness must only sign this section if the person making the statutory declaration is illiterate, blind or cognitively impaired and the statutory declaration is read to them.

I certify that I read this statutory declaration to [name of the person making the statutory declaration] at the time the statutory declaration was made.

(Signature)

This section must be signed by any person who has assisted the person making the statutory declaration, for example by translating the document or reading it aloud. If no assistance was required, this section

I certify that I have assisted _____
[name of the declarant]

by _____
[insert assistance provided, for example translating the document]

Signed: _____
(Signature)

on _____
(Date)

Name and address of person providing assistance:

Statutory Declaration – Joint Holder of Right of Interment

does not need to be completed.

Date

First Name:	Surname:
Street Address:	Suburb: Postcode:
Phone Home/Work:	Mobile:

Name and address of person providing assistance