

Holder of Right of Interment

Multiple Holder of Right of Interment Consent Form

Cemetery: _____

Ref No: _____

Deceased name/Name of Reservation: _____

Location: _____

This form accompanies the Application for Interment Authorisation (Form 1: Regulation 16, Schedule 1)

We, the undersigned, are the Multiple Holder of Right of Interment for the above said location. We authorise _____ to act on our behalf for the above said location

(Full Legal Name or the applicant as shown on Form 1)

for the interment of the late, _____.

(Deceased Name)

Salutation:	First Name:	Middle Name:	Surname:
<input type="checkbox"/>	Address:		
	Suburb:	Postcode:	
	Phone: Home/Work:	Mobile:	
	Signature:	Date of Birth:	

Salutation:	First Name:	Middle Name:	Surname:
<input type="checkbox"/>	Address:		
	Suburb:	Postcode:	
	Phone: Home/Work:	Mobile:	
	Signature:	Date of Birth:	

Salutation:	First Name:	Middle Name:	Surname:
<input type="checkbox"/>	Address:		
	Suburb:	Postcode:	
	Phone: Home/Work:	Mobile:	
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Holder of Right of Interment



Salutation:	First Name:	Middle Name:	Surname:
<input type="checkbox"/>	Address:		
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	Phone: Home/Work:		Mobile:
	Signature:		Date of Birth: