

## Statutory Declaration – Multiple 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](http://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 act on behalf of all living Multiple Holder of Right of Interment for the above said location whom have authorised me to act on their behalf (ref. Consent of Multiple Holder of Right of Interment form)
2. I indemnify the Southern Metropolitan Cemeteries Trust against any loss, costs or damages arising as a result of, or in connection with, my instructions.
3. I am one of the multiple Holder of Right (HoR) for the above said right of interment (location) and I have been unable to locate and / or contact the other multiple 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]
4. The details I have of the other(s) multiple Holder of Right of Interment that were used as part of diligent inquiries are:

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

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

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

**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)

## Statutory Declaration – Multiple Holder of Right of Interment

*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.*

*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 does not need to be completed.*

*Date*

*Name and address of person providing assistance*

**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)

**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:

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