Holder of Right of Interment



Multiple Holder of Right of Interment Consent Form

Cemetery:						
Ref No:						
Deceased name	e/Name of Reservation:					
Location:						
This form acco	mpanies the Application for Inter	ment Authorisation	(Form 1: Reg	gulation 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 N	Name or the applicant as shown on Form 1)	to act on our	benan for th	c above said location		
_	nt of the late,					
		(Deceased Name)				
Salutation:	First	Middle		Surname:		
	Name:	Name:				
	Address:	Address:				
	Suburb:	Pos		tcode:		
	Phone: Home/Work:		Mobile:	ž.		
	Signature:		Date of	f Birth:		
		Notice and the		C		
Salutation:	First	Middle		Surname:		
	Name:	Name:				
	Address:		Doctood	Postcodo:		
	Suburb:		Postcode:			
	Phone: Home/Work:		Mobile:			
	Signature:	Signature:		Date of Birth:		
Salutation:	First	Middle		Surname:		
	Name:	Name:				
	Address:					
	Suburb:		Postcode:			
	Phone: Home/Work:		Mobile:	Mobile:		
	Signature:			Date of Birth:		

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Salutation:	First	Middle		Surname:	
	Name:	Name:			
	Address:				
	Suburb:		Postcode:		
	Phone: Home/Work:		Mobile:		
	Signature:		Date of E	Birth:	