

# Application for Compensation Resulting from Revocation

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Application Number

**Purpose of this application form:**

Holder/s of a perpetual right that has been revoked by a cemetery operator can use this application form to seek compensation. The former holder is entitled to:

- a perpetual interment right granted for an alternative interment site in the same cemetery, or
- compensation paid by the cemetery operator of an amount equal to half of the fee payable for the granting of a perpetual interment right for an alternative interment site in the same cemetery (see section 53 (1)(b) of the *Cemeteries and Crematoria Act 2013*).

Form approved by Cemeteries & Crematoria NSW under subsection 53(6) of the *Cemeteries and Crematoria Act 2013*.

## Registered holder/s of interment right/s

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**Holder 1**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

**Holder 2**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

*Please attach an additional sheet to register more than two holders*

## Proof of ownership

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Attach a copy of at least one of the following documents:

- Interment right certificate**
- Copy of the grant of probate (where the right is inherited but has not been transferred)**
- Copy of the grant of letters of administration (if no will exists or the estate is intestate)**
- Proof of relationship to the interment right holder, if not otherwise through grant of probate**
- Grant of letters of administration**

## Proof of identity

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Applicants must produce two original identification documents, one of which must provide photo identification. These may include a passport, license issued under Australian law (driver's licence or other government-issued licence), birth certificate/citizenship certificate, credit card, EFTPOS card, Medicare card, and membership to a registered club.

Name of applicant (if different to the registered holder) \_\_\_\_\_

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

### Compensation option

**An alternative interment site in the same cemetery**

**Financial compensation (equal to half current fee payable for perpetual interment right)**

Compensation entitlement (to be completed by the cemetery operator)


### Conditions

- An application for compensation must be received by the cemetery operator within six years from the date the interment right was revoked.
- The cemetery operator may elect to either grant an alternative interment site or pay compensation.
- If the former holder of the interment right is granted an alternate site, the interment right may be transferred to another person by the former holder AFTER a five year period from the date on which it was granted.

### Privacy declaration

Information collected on this form is held in accordance with the *Privacy and Personal Information Protection Act 1998*. Personal information is collected for a lawful purpose that directly relates to our primary function of providing cemetery/cremation services in accordance with the *Cemeteries and Crematoria Act 2013*. We will not collect any more information than is necessary to fulfil these functions. Except as necessary to carry out these functions, we will not disclose your personal information to anyone without your consent unless legally required to do so. We will take all reasonable steps to protect the security of any personal information held, be it stored in electronic or hard copy format. You may request access to your personal information held by us, except in the circumstances set out in Part 2, Division 3 of the *Privacy and Personal Information Protection Act 1998*.

_____	_____
Signature of applicant / interment right holder	Date

<i>Office Use Only:</i>	
Outcome:* Alternate Site / Compensation * (Circle Applicable Outcome)	Authority: _____ Word File: _____ Cemetery Register: _____
_____	_____
Cemetery Officer	Date