

Narrabri Shire Council
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APPLICATION TO TRANSFER RIGHT OF BURIAL

IMPORTANT: The information provided by you on this form will be used by Narrabri Shire Council or its agents to process this application. The provision of this information is voluntary, however, if you do not provide the information, Council may not be able to fully process your application. Once collected by Council, the information can be accessed by you in accordance with Council's Privacy Management Policy or in special circumstances, where Commonwealth Legislation requires or where you give permission for third party access.

| Applicant Details | Given Name/s | | Surname | | |
|------------------------------------|----------------------------|------------|----------|--|--|
| Applicant Scraits | | | | | |
| | Phone Number (Mobile/Work) | | | | |
| | | | | | |
| | | | | | |
| Transferring Right of Burial From | Title | Surname | | | |
| | | | | | |
| | Full Given Name/s | | | | |
| | | | | | |
| | Address | | | | |
| | | | | | |
| | Town | | Postcode | | |
| | | | | | |
| | | | | | |
| Transferring Right of Burial To | Title Surname | | | | |
| | | Garrianie | | | |
| | Full Given Name/s | | | | |
| | ruii Given Name/s | | | | |
| | Address | | | | |
| | Address | | | | |
| | Town | | Postcode | | |
| | TOWN | | Logicode | | |
| | Phono Number (Mah | ilo (Work) | | | |
| | Phone Number (Mobile/Work) | | | | |

| Additional Information | Right of Burial Number | | Date Reserved | | | |
|---|---|--|--|---|--|--|
| | Cemetery | | | | | |
| | Portion | Section | | Allotment | | |
| | Is the current owner of | the Right of Burial d | eceased? | Yes No | | |
| | Reason for requesting the transfer | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Supporting | For example, if the own evidence that you are the | er of the Right of Bu he executor of the es | rial is deceased pl state and therefore | ease provide supporting e have authority to make | | |
| Only required if the owner of the Right of Burial is not requesting the transfer. | this request. Signature | | Date | | | |
| | | | | | | |
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Office Use Only

| Amount Paid | Date Paid |
|----------------|------------|
| | |
| Receipt Number | CSR Number |
| | |
| | |