

# Application to vary existing deed of exclusive right of interment

Any contact details provided will be recorded by Wellington City Council and you may request access to, or correction of, information about you by contacting Wellington City Council during business hours. We will not disclose your contact details to any third party except as required or permitted by the New Zealand Privacy Act 2020 or other applicable laws.

## Reason for request (tick more than one if appropriate)

- The existing Exclusive Right of Interment deed holder wishes to transfer the deed to another person.
- The existing Exclusive Right of Interment deed holder is deceased and the next of kin or person acting on behalf of the deceased or estate wish to arrange to transfer the deed.
- The existing Exclusive Right of Interment deed holder wishes to change the parties named as holding the right of interment in the plot.

## Plot information

Cemetery:

Plot identification:

Number:

Row/Section/Garden:

Section:

Name of current deed holder:

## New deed holder (complete if relevant)

Name of person to whom the deed is to transfer:

Address:

Phone:

Email:

- Status:
- Next of kin to deed holder
- Executor of will or estate of existing deed holder
- Other (state relationship with deed holder):

## Parties to hold right of interment (complete if relevant)

First party:

Surname:

First names:

Address:

Date of birth:

Second party:

Surname:

First names:

Address:

Date of birth:

### Applicant's declaration

I am the person making this variation. I declare that the information given on this form is correct and that I am properly authorised by all interested parties to execute the variation requested in this application.

Name of the person to whom the deed is to transfer to:

Address:

Phone:

Email:

Status:  Existing deed holder  
 Next of kin to deed holder  
 Executor of will or estate of existing deed holder  
 Other (*state relationship with deed holder*):

Signature:

Date:

### Authorisation

I am the person arranging this transaction. I declare that the information given on this form is correct. I/the company will be responsible for paying the Wellington City Council fees. I/the company agree to take all reasonable steps to prevent any damage to facilities and equipment used during the service. If damage is caused, I/the company accept liability for the cost of repairs or replacement as required.

Funeral director and company, or family:

Name:

Email:

Address:

Phone number/s:

Signature:

Date:

### Service Delivery Manager declaration

I hereby certify that this application has been approved and that records have been updated in accordance with the instructions set out on this form.

Signature:

Date:

Notes: (*record any significant issues*)

### Office use (*tick as appropriate*)

CMS updated    Map updated    New deed generated

Signature:

(*Customer Service Administration Officer*)