

## CUSTOMER SERVICES

# Application to Vary Cemetery Deed

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

- The existing Deed Holder to the cemetery plot wishes to transfer the Deed to another person.
- The existing Deed Holder to the cemetery plot wishes to transfer the Deed back to the Waimakariri District Council.
- The existing Deed Holder is deceased and the next of kin or person acting on behalf of the deceased or estate wishes to arrange for transfer of the Deed.
- The existing Deed Holder wishes to change the parties named as holding the Right of Interment in the plot.
- The existing Deed Holder wishes to change the plot location.

### Current Plot information

Cemetery: \_\_\_\_\_ Plot details: \_\_\_\_\_

Record number: \_\_\_\_\_ Name of current Deed Holder: \_\_\_\_\_

### New plot information *(if applicable)*

Cemetery: \_\_\_\_\_ Plot details: \_\_\_\_\_

Record number: \_\_\_\_\_

### New Deed Holder *(if applicable)*

Name of person to whom the Deed is to transfer: \_\_\_\_\_

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

Phone: \_\_\_\_\_

- 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 *(if applicable)*

#### First party

Surname: \_\_\_\_\_ First names: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

*Continued over page*

## Second party

Surname: \_\_\_\_\_ First names: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

## Authorisation

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. I will be responsible for paying the fees set by Waimakariri District Council in consideration of amending the cemetery deed.

\* Interested parties include the next of kin and all close living relatives.

Name: \_\_\_\_\_

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: \_\_\_\_\_

**PLEASE NOTE** - A signature is not required if you submit this form electronically. By entering your name in the signature box you are giving your authority for this application to proceed.

## Cemetery administration

- Record fee charged    Receipt number: \_\_\_\_\_     Recorded electronically  
 New deed generated     Confirmation to applicant     Refund processed if applicable

### Declaration by authorised officer

I hereby certify that this application has been approved and that records have been updated in the cemeteries database.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: