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| --- |
| **Application to the Secretary seeking variation or forced surrender of a right of interment**  |
| In accordance with Division 2A of Part 6 of the *Cemeteries and Crematoria Act 2003* |



# Important information

Please ensure that you refer to the fact sheet *Seeking variation or forced surrender of a right of interment held by another person* which sets out the application requirements before completing this form. The fact sheet is available on the [health.vic website](https://www.health.vic.gov.au/public-health/cemeteries-and-crematoria) <https://www.health.vic.gov.au/public-health/cemeteries-and-crematoria>. For assistance, please contact the Cemetery Sector Governance Support Unit on 1800 034 280.

The information provided in this application will be used and disclosed in accordance with the privacy statement included at the end of this form. This will include disclosure to persons impacted by the application, for example a relevant offender or the right of interment holder, who have the right to respond to the application in accordance with the Victorian Charter of Human Rights and Responsibilities.

# Details of applicant

|  |  |
| --- | --- |
| Title |  |
| Full name |  |
| Address |  |
| Suburb/town |  |
| State |  |
| Post code |  |
| Telephone |  |
| Email |  |

# Details of affected person

|  |  |
| --- | --- |
| Is the applicant the affected person? |  [ ]  Yes [ ]  No |

If NO, please provide details of the affected person below.

|  |  |
| --- | --- |
| Title |  |
| Full name |  |
| Address |  |
| Suburb/town |  |
| State |  |
| Post code |  |
| Telephone |  |
| Email |  |

# Details of right of interment to which the application relates

|  |  |
| --- | --- |
| Name of cemetery |  |
| Name of cemetery trust |  |
| Right of interment number or unique identifier |  |
| Name of right holder/s as recorded in trust records |  |
| Right of interment location e.g. section, row and plot number |  |
| Does the right of interment relate to bodily remains or cremated human remains? |  [ ]  Bodily remains [ ]  Cremated remains |
| If the right of interment relates to cremated human remains, is the term of the right perpetual or 25 years? |  [ ]  Perpetual [ ]  25 years |

# Details of interred remains (if available)

|  |  |
| --- | --- |
| Are human remains interred at the place of interment to which the right relates? |  [ ]  Yes [ ]  No |

If YES, please complete the table below.

|  |  |
| --- | --- |
| Remains interred at that location |  [ ]  Bodily remains [ ]  Cremated remains [ ]  Body parts |
| Name of the deceased person/s whose remains are interred at that location |  |

[ ]  A certified copy of the Death Certificate for the deceased person/s named above is attached.

# Details of right of interment holder (if known)

If there is more than one holder please provide details for all holders (attach additional pages if required).

Holder 1

|  |  |
| --- | --- |
| Title |  |
| Full name |  |
| Address |  |
| Suburb/town |  |
| State |  |
| Post code |  |
| Telephone |  |
| Email |  |

Holder 2

|  |  |
| --- | --- |
| Title |  |
| Full name |  |
| Address |  |
| Suburb/town |  |
| State |  |
| Post code |  |
| Telephone |  |
| Email |  |

# Reason for application

|  |  |
| --- | --- |
| How was the affected person impacted by an indictable offence or the death of a person where there is a responsible person? |  |
| Please attach any information confirming the conviction of an indictable offence or coronial finding which identifies a person responsible for the death. |  |
| Please describe how the exercise of the right has or will cause significant harm, pain or suffering to the affected person due to:* the commission of the indictable offence; or
* the responsible person’s role in the other person’s death.
 |  |
| Is the applicant seeking the variation or forced surrender of a right of interment?*Note: Answering this question is optional.* |  [ ]  Variation [ ]  Forced surrender |

# Signature of applicant

|  |  |
| --- | --- |
| Signature |  |
| Full name |  |
| Date |  |

# Signature of affected person (if different from the applicant)

|  |  |
| --- | --- |
| Signature |  |
| Full name |  |
| Date |  |

|  |
| --- |
| Privacy statementThe department is committed to protecting the privacy of your information.Any personal information you provide to the department in your application will be treated in accordance with the principles set out in the *Privacy and Data Protection Act 2014*. You may request access to the information the department holds about you in relation to your application and you may request its correction if necessary.The information you provide to the department is required to enable us to process your application and inform you of matters concerning it. The department also needs the information to perform its functions and exercise its powers under the *Cemeteries and Crematoria Act 2003*. Except for the information you are required to submit under that legislation, you are not obliged to provide any personal information. However, should you choose not to provide this information, the department may not be able to process your application.If you have any questions about how your information is handled or would like a copy of our privacy policy, please email the Privacy Team <privacy@health.vic.gov.au>. |