

## Order For Interment Application Form

A cemetery operator must complete and issue this Order for Interment before it conducts an interment at the site.

Section 67 of the Crematoria Act 2013 provides that an interment must not take place in a cemetery, unless the cemetery operator has issued an Order for Interment.

| LICENCE NUMBER:  |                              |  |              |           |          |  |
|--|------------------------------|--|--------------|-----------|----------|--|
| Immediate Use (also complete the Perpetual Interment Right Application Form) |                              | First Interment (into a reserved plot) |              |           |          |  |
| Re-Opening (2 <sup>nd</sup> or subsequent intern                             | ments)                       | Ash                                    | Interment    |           |          |  |
| Please   | complete the following form  | m in <b>PRINTED</b>                    | BLOCK LETTE  | RS only   |          |  |
|  | SECTION 1 – INTI             | ERMENT DETAI                           | LS           |           |          |  |
| Cemetery:  |                              |  | Row:         |           |          |  |
| Denomination:  |                              |  | Plot Number: |           |          |  |
| Section:   | Monumental Monumental        |  | Lawn         |           | Other    |  |
| Name/s of existing Intermen  | t/s in Plot:                 |  |              |           |          |  |
|  |                              |  |              |           |          |  |
|  |                              |  |              |           |          |  |
| Name of Gravedigger Contra   | ctor:                        | ,                                      |              |           |          |  |
| Date of Interment:   | Time of Interment:           |  |              |           |          |  |
| Casket/Coffin size:  | (length)                     | (width)                                |              |           | (height) |  |
| Type:  | Coffin:                      |  | Casket:      |           |          |  |
|  | SECTION 2 – DECEASED DETAILS |  |              |           |          |  |
| Given Name/s:  | Surname:                     |  |              |           |          |  |
| Last Known Address:  |                              |  |              |           |          |  |
| Suburb:  |                              | State:                                 |              | Postcode: |          |  |
| Date of Birth:   | Date of Death:               | Age at Death:                          |              | Sex:      |          |  |
| Religious Affiliation:   |                              |  |              |           |          |  |
| Is the Deceased also the Interment Right Holder?                             |                              |  |              | Yes No    |          |  |
|  |                              |  |              |           |          |  |
|  | SECTION 3 – APF              |  | LS           |           |          |  |
| Given Name/s:  |                              | Surname:                               |              |           |          |  |
| Address:   |                              | Г                                      |              | T         |          |  |
| Suburb:  |                              | State:                                 |              | Postcode: |          |  |

| Phone Numbers:   | (H)                        | (W)              |                          | (M)  |  |
|--|----------------------------|------------------|--------------------------|--|--|
| Email:   |                            |                  |                          |  |  |
|  | SECTION 3 – APPLICAN       | IT DETAILS (Co   | ntinued)                 |  |  |
| Is the applicant also the inte                             | rment Right Holder?        | Yes (complete se | ction 4 (B)              | No (complete all of section 4)   |  |
| Is the applicant also the next                             | of kin for the deceased?   |                  | Yes                      | NO (complete Section 5)  |  |
|  |                            |                  |                          |  |  |
|  | SECTION 4 (a) –INTERMENT   | R/S DETAILS      |                          |  |  |
| Given Name/s:  | Surname:                   | Surname:         |                          |  |  |
| Address:   |                            |                  |                          |  |  |
| Suburb:  |                            | State:           |                          | Postcode:  |  |
| Phone Numbers:   | (H)                        | (W)              |                          | (M)  |  |
| Email:   |                            |                  |                          |  |  |
|  |                            |                  |                          |  |  |
|  | SECTION 4 (b) – INTERMEN   | T RIGHT HOLDI    | R/S DETAILS              |  |  |
| Is there more than one living Interment Right holder?      |                            |                  | Yes                      |  |  |
| Have you provided an original copy of the interment Right? |                            | ?                | Yes                      | No (Please provide a statutory declaration or evidence of authority to sign) |  |
|  | SECTION 5 – NEXT OF KIN/SE | CONDARY CON      | ITACT DETAILS            |  |  |
| Given Name/s:  |                            | Surname:         |                          |  |  |
| Address:   |                            |                  |                          |  |  |
| Suburb:  |                            | State:           |                          | Postcode:  |  |
| Phone Numbers:   | (H)                        | (W)              |                          | (M)  |  |
| Email:   |                            |                  |                          |  |  |
|  |                            |                  |                          |  |  |
| SECTION 6 – PAYMENT DETAILS                                |                            |                  |                          |  |  |
| Invoice Details  |                            |                  | Order for Interment Fee: |  |  |
| Central Coast Council                                      |                            |                  |                          | (  |  |
| Tax Invoice ABN 73 149 644 003                             |                            |                  |                          |  |  |
| Receipt Number:  |                            | TOTAL:           |                          |  |  |

## **SECTION 7 – TERMS AND CONDITIONS**

- 1. Graves can usually be dug to a depth to accommodate two coffins. However, occasionally, due to rock or stability problems not evident prior to commencement of digging the grave, ground conditions may not allow for burial in an allocated plot. In these circumstances an alternate plot will be allocated
- 2. Subject to the following, a memorial to the deceased person can be erected upon the interment site:

- (a) Provided it is of the type allowed under the Cemetery Operator's policy in that specific interment section.
- (b) No memorial may be erected without the Cemetery Operator's prior written approval; and
- (c) No existing memorial may be altered or removed without the Cemetery Operator's prior written approval.
- 3. The Cemetery Operator reserves the right to refuse permission for any proposed memorial construction or alteration in its absolute discretion without assigning any reason. The Cemetery Operator has the right (but not the obligation) to remove any unapproved memorial or alteration without notice to any person.
- 4. The Cemetery Operator may accept and process any application concerning an Interment Right from any person/s declaring they are authorised to do so (upon provision of written or documentary evidence and payment of the associated fee).
- 5. The Interment Right holders/s is responsible for the care and maintenance of individual interment sites where the memorials have been erected by other than the Cemetery Operator.
- 6. Glass or other items that the Cemetery Operator deems to be a safety hazard are not permitted and if necessary may be removed without notice to any person.
- 7. The Cemetery Operator reserves the right to review and/or amend these Terms and Conditions, its holdings, interment plots and property within its cemeteries at any time, without notice to you.
- 8. If an existing memorial impedes the conduct of the interment, the Cemetery Operator may require it to be removed, at the Applicants expense.
- 9. Scattered cremated remains are irretrievable.
- 10. Additional information is available in the Cemetery Operating Policy/Rules/Regulations, available by contacting the Cemeteries Bereavement team on 02 4350 5108.

| SECTION 8 – FUNERAL DIRECTOR |   |                           |                    |  |
|------------------------------|---|---------------------------|--------------------|--|
| Name                         | of Funeral Director/Company:  |                           |                    |  |
| Addre                        | SS:   |                           |                    |  |
| Suburl                       | o:  | State:                    | Postcode:          |  |
| Phone                        | Number:   |                           |                    |  |
| Name                         | of Consultant:  |                           |                    |  |
| Email:                       |   |                           |                    |  |
| Ι, the ι                     | undersigned have:   |                           |                    |  |
| A.                           | Read through the terms and conditions with the applicant/Interment Right holder(s) to ensure that they understand Council's cemetery requirements |                           |                    |  |
| В.                           | Explained that if the requirements outlined are not met, Council may contact the Interment Right Holder/s   |                           |                    |  |
|                              |   |                           |                    |  |
|                              | (full name of consultant)   | (signature of consultant) | (Date: DD/MM/YYYY) |  |

## **SECTION 9 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 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.

| SECTION 10 – ACKNOWLEDGEMENT/DECLARATION                                   |   |                    |  |  |
|--|---|--------------------|--|--|
| I, the ι   | indersigned have:   |                    |  |  |
| A.   | Read through the terms and conditions with the funeral director, and understand Council's Cemetery Requirements   |                    |  |  |
| В.   | Understand that the holder/s of the Interment Right has/have the sole authority to allow inscriptions or council approved monuments to be installed on the grave site by a monumental mason |                    |  |  |
| C.   | C. Understand that if the requirements outlined are not met, Council may contact the Interment Right Holder/s   |                    |  |  |
| (full name of Applicant)   |   |                    |  |  |
|  |   |                    |  |  |
| (signature of Applicant)   |   | (Date: DD/MM/YYYY) |  |  |
|  |   |                    |  |  |
|  | (full name of Interment Right Holder – if different to applicant)   |                    |  |  |
|  |   |                    |  |  |
| (Signature of IntermentRight Holder – if different to applicant) (Date: DD |   | (Date: DD/MM/YYYY) |  |  |

| OFFICE USE ONLY                              |        |                      |  |       |                |
|--|--------|----------------------|--|-------|----------------|
| ADDITIONAL FORMS ATTACHED:                   |        |                      |  |       |                |
| FEE:   | RECEIP | :                    |  | DATE: |                |
| FINAL INTERMENTS IN PLOT:                    |        | Full body interments |  |       | Ash interments |
| CEMETERY AUTHORITY REPRESENTATIVE NAME:      |        |                      |  |       |                |
| CEMETERY AUTHORITY REPRESENTATIVE SIGNATURE: |        |                      |  |       |                |