

# PERMISSION FOR INTERMENT APPLICATION WITH STATUTORY DECLARATION

(This form should be completed by an executor or nearest surviving relative of the deceased or other proper person, and all questions must be fully answered)

I, ..... (Full Name of Applicant),  
of ..... (Applicant's Address) Postcode ..... Age .....  
hereby apply for permission to inter the remains of the late .....  
of ..... (Deceased's Address)  
in the grave known as ..... (Section & Grave No.) at ..... Cemetery  
Section Plot  
State the name of the grantee/right of burial holder of the grave site being used: .....

1. (a) Are you the nearest surviving relative of the deceased? If so, state relationship .....  
(b) Are you an executor of the deceased's estate? .....  
(c) If neither an executor nor nearest surviving relative, state EITHER  
(i) relationship to deceased (i) .....  
(ii) reason(s) why this application is being made by you (ii) .....  
(iii) written authority for making this application (iii).....

OR

Complete the following statement:

I have been requested by ..... the deceased's .....  
to make this application for interment and I am fully aware of the information contained herein.

- (d) (i) Have all near relatives of the deceased been informed of the proposed interment? Yes / No  
If no, state who hasn't been informed and why .....  
(ii) Has any near relative of the deceased expressed any objection to the interment? Yes / No  
If yes, state the reasons for objection and by whom .....

2. (a) Did the deceased leave any written directions as to mode of disposal of the remains of the deceased? Yes / No  
(b) If yes, what directions? .....  
(c) Are you satisfied that the directions of the deceased were made in a state of sound mind? Yes / No

3. (a) Have all the available direct descendants of the deceased with whom contact is possible granted their permission for the deceased to be interred in the grave described above? Yes / No  
(b) If no, explain why permission has not been given? .....

I hereby certify that all particulars stated above are true and accurate, and that to the best of my knowledge and belief no particular material has been omitted; I therefore make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths Act, 1900.

Declared at ..... (Location) ON ..... (Date)

Signature ..... (Applicant) in the presence of an authorised witness, who states:

I, ..... (Full Name of Witness), a Justice of the Peace in the State of NSW

#..... (JP Number), certify the following matters concerning the making of this statutory declaration by the person who made it:

- 1 \*I saw the face of the person OR  
\*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering.  
AND  
2 \*I have known the person for at least 12 months OR  
\*I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was: ..... (Describe ID Document)  
.....  
(Signature of JP or Authorised Witness) (Date)

This declaration must be signed in the presence of an authorised witness. A list of people who can be witnesses is set out in Schedule 2 to the Statutory Declaration Regulations 1993.

\*Please cross out any text that does not apply.