Application for interment authorisation

Form 1 (Regulation 16, Schedule 1)

Cemeteries and Crematoria Act 2003 Cemeteries and Crematoria Regulations 2015

Please complete in block letters		OFFICE USE ONLY		
The deceased			Ref no:	
Full name:			Check no:	
Sex: Male	Female	Age:	Document check:	
Date of birth:	/ /	Date of death: / /	Coroner/Doc. cert/other:	
Last known pe	rmanent address:			
Suburb/town:		State:	Post code:	
Religion, if any	(please note this	field is optional):		
Did the deceas	sed have a spouse	or domestic partner at the time of the	deceased's death? 🗌 Yes 🗌 No	
Details of ir				
		grave, vault, crypt):		
	, ,	interment (e.g. grave number, section a	and row):	
		(Tagara)	,	
interments will	be required? (Ple	is will be the first interment in the place ase indicate which applies). Other	·	
		or container if any: Length (cm):	Width (cm): Depth (cm):	
iviaterial of whi	cn comin, receptad	cle or container is constructed (e.g. woo	od, metai):	
Applicant fo	or interment a	uthorisation		
Title:	Given names: Surname:			
Address:				
Suburb/town:		State:	Post code:	
Telephone	Home:	Work:	Mobile:	
Email:				
Consent of	holder of righ	t of interment		
	_	interment for the place of interment wh	ere the remains will be interred?	
Yes N				
	to Other matters		no questions holow and where nossible	
If no, provide the details of the holder of the right of interment, answer the questions below and where possible obtain the signature of the right of interment holder.				
Title:	Given names:		Surname:	
Address:				
Suburb/town:		State:	Post code:	
Telephone	Home:	Work:	Mobile:	

Consent of holder of the right of interment (continued) Has the holder of the right of interment been informed of this application? \(\subseteq \text{Yes} \quad \subseteq \text{No} \) If no, give reasons why the holder of the right of interment has not been informed of this application: If yes, does the holder of the right of interment consent to this application? Yes □ No If yes, please obtain the holder's signature below. Signature of holder of right of interment: Date: Company stamp Other matters Details of the funeral director or the person otherwise arranging for the interment of the human remains: Company name (if applicable): Title: Given names: Surname: Address: Suburb/town: Post code: State: Telephone: Fax: Email: Matters relating to interment Service type: service both ends meet at cemetery no attendance Location: Date: Time: Special service requirements: Other remarks: Details of the type of place of interment: new pre-purchases/pre-need reopen Signature of applicant: Date: Warning Under section 117 of the Cemeteries and Crematoria Act 2003 it is an offence to make a false statement in an application for an interment authorisation, punishable by a fine of up to 240 penalty units or 2 years imprisonment or both. Privacy statement If you wish to receive information about memorialisation goods and services please check this box Any personal information you provide 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 we hold about you and you may request its correction if necessary. The information you provide is required to enable us to process your application and inform you of matters concerning it. We also need the information to perform our functions, comply with our obligations and exercise our rights 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, we may not be able to process your application or provide the services for which the information is required. Under the Cemeteries and Crematoria Act 2003, we are also required to keep records containing certain information regarding interments, cremations and rights of interment. Members of the public are entitled to access those records.