

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:					
☐ First Interment	☐ Second Intermer	nt 🗆	Placement of ashes		
SECTION 1 – INTERMENT	T SITE DETAILS (Please co	omplete in printed	l blocked letters)		
Cemetery:	Denomination:				
Section/Garden Site:		Row:	Plot:		
☐ Monumental	☐ Lawn	☐ Ashes	☐ Other		
Name/s of existing Interment/s in plot:					
Date of Interment:	Time of Interment:				
Name of Gravedigger Contractor:					
Type: Coffin	☐ Casket	☐ Urn	☐ Cremation Box		
Coffin/casket size: length:	width:		height:		
	SECTION 2 – DECEASED	DETAILS			
Given Name/s:	S	Surname:			
Last known address:					
Suburb:		State:	Postcode:		
Date of Birth:	Date of Death:		Age:		
Religious Affiliation:	Gender:				
Is the deceased also the Interment Right H	Holder? \square Yes	□ No			
	SECTION 3 – APPLICANT	DETAILS			
Given Name/s:	Surn	ame:			
Address:					
Suburb:		State:	Postcode:		
Phone Numbers: (H):	(M):			
Email:					
Is the applicant also the Interment Right Holder? \square Yes (complete section 4b) \square No (complete all of section 4)					
Is the applicant also the next of kin for the deceased? \Box Yes (skip section 5) \Box No (complete section 5)					
SECTION 4 – INTERMENT RIGHT HOLDER/S DETAILS					
Given Name/s:	Surn	ame:			
Address:					
Suburb:		State:	Postcode:		

Phone Numbers: (H):	(M):				
Email:					
SECTION 4B – INTERMENT RIGH	HT HOLDER DETAILS CONTINUED				
Is there more than one living Interment Right Holder? ☐ Yes (please provide a stat dec/evidence on behalf of all Right Holders) ☐ No Have you provided an original copy of the Interment Right?					
☐ Yes ☐ No (Please provide a statutory declaration or					
	ECONDARY CONTACT DETAILS				
Given Name/s:	Surname:				
Address:					
Suburb:	State: Postcode:				
Phone Numbers: (H):	(M):				
Email:					
SECTION 6 – PA	YMENT DETAILS				
Invoice details:	Order for Interment Fee:				
Personal Services Australia	Open/close Fee:				
Tax Invoice ABN 81 137 714 704	TOTAL:				
	MS & 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. 10. Scattered cremated remains are irretrievable. 11. Additional information is av					
Name of Funeral Director/Company:					
Address:					
Suburb:	State: Postcode:				
Phone Numbers: (H):	(M):				
Email:	· · · · · · ·				

- I, as the 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
 - b) Explained that if the requirements are not met, Cemetery Authority may contact the Interment Right Holder/s

Name of Consultant:

Signature of Consultant: Date:

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

For more than one intended Interment Right Holder, please complete the Additional Interment Right Holder Form if needed

- I. the undersigned have:
- A. Read through the terms and conditions and understand Council's Cemetery Requirements
- B. An understanding 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. An understanding that if the requirements of	outlined are not met, Council m	hay contact the interment i	Right Holder/s
Full name of applicant:			
Signature of applicant:			Date:
Full name of Interment Right Holder (if differen	nt to the applicant)		
Signature of Interment Right Holder (if differen		Date:	
Full name of 2 nd Interment Right Holder:			
Signature of 2 nd Interment Right Holder:		Date:	
OFFICE USE ONLY			
ADDITIONAL FORMS ATTACHED:			
FEE: REC	CIEPT:	DATE:	
CEMETERY AUTHORITY REPRESENTIVE NAME:			
CEMETERY AUTHORITY REPRESENTIVE SIGNAT	URE:		