

APPLICATION FOR BURIAL

To be completed by Funeral Director and forwarded to Council immediately for processing

FUNERAL DIRECTOR			
Company Name:		Officer:	Contact No:
Address:		Email:	
DECEASED DETAILS			
Given Names:		Surname:	
Last Address:			
Date of Birth:	Date of Death:	Age at Death:	
Male/Female:	Occupation:		
Marital Status:		Religion:	
Did the Deceased die of an infectious disease:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please provide details:			
BURIAL DETAILS			
Day:	Date:	Time:	
Cemetery:		Denomination:	
Section:		Row:	Plot:
Interment Right Certificate No:		Name on Certificate:	
Depth of Grave: Single <input type="checkbox"/> Double <input type="checkbox"/> Re-Open <input type="checkbox"/>		Graveside Service? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If re-opening, name of person(s) currently buried:			
Coffin Shape: Shoulder <input type="checkbox"/> Rectangular <input type="checkbox"/>		Coffin Size: L W H (Please provide exact external dimensions including handles)	
Additional Information/Special Requests: (Example: Grave marker for headstone/monument plot)			
APPLICANT FOR THE BURIAL (Consenter)			
Title:	Given Names:		Surname:
Address:		Suburb:	Postcode:
Contact No:	Mobile:	Email:	
Relationship to Deceased:		Signature:	Date:
<input type="checkbox"/> I have read and understood Council's Cemetery Operations Policy			
CONSENT TO INTERMENT (To be completed where the deceased is not the Interment Rights Holder)			
Name of Interment Rights Holder:		Interment Rights No:	
Name of person to be interred:		Cemetery:	
Denomination:		Row:	Plot:
<input type="checkbox"/> I hereby declare that I am the interment rights holder for the above allotment and consent to the person named above to be interred in the allotment			
Signature:		Name:	Date:

ADDITIONAL INTERMENT RIGHTS REQUIRED? (Example: Reservation of adjacent plot for spouse)

Name of person Interment Right to be Issued to:		
Address:		
Postal Address:		
Contact No:	Email:	
Interment Right Certificate No:	Date Issued:	Receipt No.:
Cemetery:	Denomination:	
Section:	Row:	Plot:

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

The information on this form is being collected by Shellharbour City Council for the purpose of fulfilling its functions for Council cemeteries and legislative obligations as a cemetery operator. This information is intended for use by Shellharbour City Council staff. The supply of this information is compulsory and your personal information will enable Council to keep accurate cemetery records. Your personal information can be accessed by you and corrected in accordance with the *Privacy & Personal Information Protection Act 1998*. Your information will be stored securely on file and in Council's electronic records management system. The information contained within Council's records may be made available to third parties for inspection, research or historical purposes whilst maintaining the privacy of persons still living. Further information can be found in Council's Privacy Policy or by contacting Council's Public Information Officer.

Office Use Only

Interment Fee:	Additional Interment Rights Fee:
Burial confirmed verbally with Funeral Director <input type="checkbox"/>	Works Order Number:
Noted on Map <input type="checkbox"/>	Interment Application Number:
Noted in Funeral Director Accounts <input type="checkbox"/>	Confirmation sent to Funeral Director <input type="checkbox"/>
Noted in Finance Accounts <input type="checkbox"/>	Confirmed in RMS <input type="checkbox"/>
Noted in RMS <input type="checkbox"/>	

Updated 15 January 2019