

CEMETERY INTERMENT DETAILS

RECORD NO :

FILE NO : 16.16.10

Please ensure Funeral Directors obtain the below particulars on page 1 & 2 from the family in accordance with the *Burial & Cremation Act 2013*. If any information is unknown in the first instance, please contact Council for these details before sending in the forms.

To process, Council requires the forms to be completed in entirety.

DECEASED DETAILS					
FULL NAME				GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH		DATE OF DEATH		AGE	
LATE ABODE					

LOCATION					
<input type="checkbox"/> NEW INTERMENT RIGHT LOCATION (Please complete "Interment Rights and Responsibilities") <input type="checkbox"/> EXISTING LOCATION					
CEMETERY	<input type="checkbox"/> KADINA <input type="checkbox"/> WALLAROO <input type="checkbox"/> MOONTA <input type="checkbox"/> GREENS PLAINS				
SECTION		PATH		BLOCK	
LEASE HOLDER		RIGHT NUMBER		EXPIRY DATE	

INSTRUCTIONS Tick relevant and complete below		
<input type="checkbox"/> BURIAL	<input type="checkbox"/> ASHES ONLY INTERMENT	<input type="checkbox"/> PLACING MEMORIAL ONLY
<input type="checkbox"/> SINGLE (1.8m) <input type="checkbox"/> DOUBLE (2.1m) <input type="checkbox"/> TRIPLE (2.4) COFFIN SIZE: _____	<input type="checkbox"/> CREMATION PLOT <input type="checkbox"/> ASHES IN A GENERAL GRAVE (Please provide a photo/map for interment in a general grave) <input type="checkbox"/> ASHES IN AN EXISTING COFFIN URN SIZE: _____	<input type="checkbox"/> BURIAL PLOT <input type="checkbox"/> CREMATION PLOT Please complete "Headstone or Memorial Application"

FUNERAL DIRECTOR			
FUNERAL DIRECTOR/COMPANY			
ARRANGER		PHONE	
DATE		TIME	
PREVIOUS INTERMENT/S NAME			
PLACE, DATE & TIME FOR COUNCIL STAFF TO CHECK NAME PLATE			

AUTHORISED PERSON DECLARATION			
FULL NAME		RELATIONSHIP TO DECEASED	
ADDRESS			
MOBILE PHONE		ALTERNATE PHONE	
EMAIL			
<p style="text-align: center;">Your rights and responsibilities</p> <p>New interment right</p> <ul style="list-style-type: none"> • If a new interment right is being requested in order to facilitate this burial, the Authorised Person will become the interment right holder and must be supplied with a Plain English Statement by the Funeral Director. • In signing this Burial Authority, the Authorised Person acknowledges receipt of a Plain English Statement by the Funeral Director if a new interment right is required. • An interment rights will only be granted to a maximum of two interment right holders. <p>Authority to exercise the interment right</p> <ul style="list-style-type: none"> • Only the interment right holder may exercise an interment right, provided that if the interment right holder is deceased the interment right may be exercised by the personal representative of the deceased interment right holder (by definition the Executor or Administrator of the Deceased Estate) in accordance with section 35 of the Burial and Cremation Act 2013. • If there is no personal representative the interment right may be exercised in accordance with regulation 32 of the Burial and Cremation Regulations 2014 as follows: <ul style="list-style-type: none"> ○ by the spouse of domestic partner of the deceased interment right holder; or ○ if there is no surviving spouse or domestic partner – by the eldest living relative of the deceased interment right holder in the following descending order of priority: <ul style="list-style-type: none"> ○ a child; ○ a grandchild or great-grandchild; ○ a brother or sister; ○ a parent; ○ a grandparent; ○ an aunt or uncle; ○ a nephew or niece; ○ a cousin; ○ any other blood relative. <p>I acknowledge that I have read and understood my rights and responsibilities and declare that I am the Interment Right holder or a person Authorised to exercise the Interment Right in accordance with the conditions listed.</p>			
SIGNATURE		DATE	

OFFICE USE ONLY – MAINTENANCE OFFICER			
AUTHORISED OFFICER		DATE	
NAME PLATE IS TRUE AND CORRECT Provide photo	<input type="checkbox"/> YES <input type="checkbox"/> NO		
EXTRAS TO BE CHARGED	<input type="checkbox"/> SLAB - Rough OR Smooth <input type="checkbox"/> CHIPPING <input type="checkbox"/> GRAVEL <input type="checkbox"/> ROCK BREAKING _____ Hrs		

OFFICE USE ONLY – RECORDS OFFICER			
CEMETERY REGISTER NO		BURIAL BOOK NO	
DEATH CERTIFICATE PROVIDED	<input type="checkbox"/> YES <input type="checkbox"/> NO	SYNERGY, BOOKS, MAPS UPDATED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ACCOUNT DETAILS TO BE CHARGED			
AUTHORISED OFFICER		DATE	