

Application for interment authority – foetal remains which are not a still-born child

Cemeteries and Crematoria Act 2003 | Cemeteries and Crematoria Regulations 2025 | Regulation 25 | Form 4

OFFICE USE ONLY

Ref:

Notes

1. Section 1 of this form must be completed by a person supplying prescribed information (**prescribed person**) listed in section 151(3)(a) to (c) of the *Cemeteries and Crematoria Act 2003* or regulation 21(a) to (f) of the *Cemeteries and Crematoria Regulations 2025*. Refer to the list of **prescribed persons** in Section 1.
2. Section 2 of this form must be completed by the person submitting the application (**applicant**).
3. The **prescribed person** and the **applicant** may be the same person (e.g. the person who was pregnant with the foetus) or two different people (e.g. a registered medical practitioner is the prescribed person and a family member of the person who was pregnant with the foetus is the applicant).
4. If the **prescribed person** and the **applicant** are the same person, they will be required to sign this form once in their capacity as the prescribed person and a second time in their capacity as the applicant.

Section 1

This section must be completed by a prescribed person. Refer to the list of prescribed persons below.

Full name:

Entity name, if any (e.g. hospital, school of anatomy, tissue bank):

Street address:

Suburb/town/city:

State:

Postcode:

Telephone number(s):

Email:

Select the class of prescribed person to which the person belongs:

- ☐ registered medical practitioner who treated the person who was pregnant with the foetus
- ☐ registered medical practitioner of the hospital where the person who was pregnant with the foetus was treated
- ☐ coroner
- ☐ inspector of a school of anatomy
- ☐ head of school of anatomy
- ☐ the Secretary
- ☐ authorised representative of a tissue bank
- ☐ the Victorian Institute of Forensic Medicine
- ☐ the person who was pregnant with the foetus.

Full name of the person who was pregnant with the foetus:

Signature:

Date: / /

Section 2

This section must be completed by the applicant. The applicant and the prescribed person may be the same person.

Applicant's details

Is the prescribed person identified above also the applicant submitting this application?

- ☐ Yes (*proceed to **Place of interment***)
- ☐ No

Applicant name (natural person or body corporate (e.g. hospital, school of anatomy, tissue bank)):

If the applicant is not a natural person, name of the contact person for the applicant:

Street address:

Suburb/town/city:

State:

Postcode:

Telephone number(s):

Email:

Place of interment

Name of public cemetery:

Type of place of interment (specify type, e.g. grave, vault, mausoleum crypt):

Location of place of interment (specify the location, e.g. section, row, grave number or other geographical locator):

Type of interment: ☐ New ☐ Pre-purchased/pre-need ☐ Re-open

Please answer this question if this will be the first interment in the place of interment

How many additional interments will be required? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ Other (specify number):

Interment and funeral arrangements

Details of the funeral director or the person arranging for the interment and the funeral service (if any).

Company name (if any):

Full name:

Street address:

Suburb/town/city:

State:

Postcode:

Telephone number(s):

Email:

Dimensions of coffin, container or receptacle: Length: Width: Depth:

Material of which coffin, container or receptacle is constructed (specify, e.g. wood, metal):

Note: The coffin, container or receptacle must be clearly labelled in accordance with regulation 35.

Services (if any) being conducted:

- ☐ Funeral service at a venue within the cemetery prior to interment
☐ Funeral service at a location outside the cemetery prior to arrival at the cemetery for interment
☐ Funeral service at the interment site
☐ No attendance at interment

Date and time of funeral service (if any):

Date and time of interment:

Special requirements for interment (specify, e.g. witness backfill, shoring, out of coffin burial with/without backboard):

Other requirements:

Consent of holder(s) of right of interment

Is the applicant the holder of the right of interment for the place of interment where the foetal remains will be interred?

- ☐ Yes, the sole holder of the right of interment (*proceed to **Applicant's signature***)
☐ Yes, one of the holders of the right of interment
☐ No

Complete this section for each holder of the right of interment (other than the applicant). Attach additional pages if necessary.

Full name:

Street address:

Suburb/town/city:

State:

Postcode:

Telephone number(s):	
Email:	
Relationship to person who was pregnant with the foetus:	
I consent to the application for interment authorisation.	
Signature of holder of right of interment:	Date: / /

Complete this section for each holder of the right of interment (other than the applicant). Attach additional pages if necessary.

Full name:		
Street address:		
Suburb/town/city:	State:	Postcode:
Telephone number(s):		
Email:		
Relationship to person who was pregnant with the foetus:		
I consent to the application for interment authorisation.		
Signature of holder of right of interment:	Date: / /	

Have all holders of the right of interment been informed of this application? ☐ Yes ☐ No

If no, give reasons why all holders of the right of interment have not been informed:

If yes, do all holders of the right of interment consent to this application? ☐ Yes ☐ No

Applicant's signature

Signature of applicant:	Date: / /
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Collection notice

☐ **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.