

Application for approval to inter cremated human remains

(Form B)

OFFICE USE ONLY

Ref no:

Check no:

Details of deceased

Title: _____ Given names: _____

Surname: _____

Sex: Male Female Date of birth: / / Date of death: / /

Last known permanent address: _____

Suburb/town: _____ State: _____ Post code: _____

Religion, if any (please note this field is optional): _____

Details of interment

Name of cemetery: _____

Type of place of interment (e.g. niche wall, garden, grave): _____

Location in cemetery of the place of interment (e.g. number, row and section): _____

Term of right of interment for the place of interment: Perpetual 25 years

If term of the right of interment is 25 years, provide the date the right of interment was granted: / /

Applicant for approval to inter cremated human remains

Title: _____ Given names: _____ Surname: _____

Address: _____

Suburb/town: _____ State: _____ Post code: _____

Telephone Home: _____ Work: _____ Mobile: _____

Email: _____

Consent of holder of right of interment

Are you the holder of the right of interment for the place of interment where the cremated remains will be interred?

Yes No

If **no**, provide the details of the holder of the right of interment below and answer the questions on the next page.

Please note that it is important that you advise the cemetery trust of any changes to these contact details as the cemetery trust will use these details to contact the holder of the right of interment about the cremated remains in future.

Title: _____ Given names: _____ Surname: _____

Address: _____

Suburb/town: _____ State: _____ Post code: _____

Telephone Home: _____ Work: _____ Mobile: _____

Email: _____

Has the holder of the right of interment been informed of this application? Yes No

If **no**, give reasons why the holder of the right of interment has not been informed of this application:

Does the holder of the right of interment consent to this application? Yes No

Signature of holder of right of interment:

Date: / /

Other matters

Details of the funeral director or the person otherwise arranging for the interment of the cremated remains:

Company name
(if applicable):

Title: Given names:

Surname:

Address:

Suburb/town:

State:

Post code:

Telephone:

Fax:

Email:

Company stamp

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-purchased/pre-need reopen

Signature of applicant:

Date: / /

Warning

Under section 141 of the *Cemeteries and Crematoria Act 2003* it is an offence to inter or assist in the interment of cremated human remains in a public cemetery unless the cemetery trust has authorised the interment. Punishable by a fine of up to 20 penalty units.

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.