Application for interment authorisation

Form 1 (Regulation 16, Schedule 1)

Cemeteries and Crematoria Act 2003 Cemeteries and Crematoria Regulations 2015

Please complete in block letters			OFFICE USE ONLY		
The deceased			Ref no:		
Full name:			Check no:		
Sex: Male	Female	Age:	Document check:		
Date of birth:		Date of death:	Coroner/Doc. cert/other:		
Last known pe	ermanent address:				
Suburb/town: State:			Post code:		
Religion, if any	(please note this	field is optional):			
Did the decease Details of in		or domestic partner at the time of the	deceased's death?	Yes No	
Name of ceme					
***************************************		grave, vault, crypt):			
		interment (e.g. grave number, section	and row):	HINTON BEEN	
	be required? (Plea	is will be the first interment in the place ase indicate which applies). Other	e of interment – how	many additional	
Dimensions of	coffin, receptacle	Width (cm):	Depth (cm):		
Material of wh	ich coffin, receptac	cle or container is constructed (e.g. wo	ood, metal):		
Applicant f	or interment a	uthorisation			
Title: Given names: Surname:					
Address:	Olven names.	Sui	name.		
Suburb/town:		State:		Post code:	
Telephone	Home:	Work:	Mobile:		
Email:					
	holder of right	t of interment interment for the place of interment w	here the remains wil	be interred?	
☐ Yes ☐ N	lo				
	to Other matters				
		older of the right of interment, answer of interment holder.	the questions below	and where possible	
Title:	Given names:	Sur	name:	ame:	
Address:					
Suburb/town:		State:		Post code:	
Telephone	Home:	Work:	Mobile:		

Consent of holder of the right of interment					
Has the holder of the right of interment been informed of					
If no, give reasons why the holder of the right of intermed	ent has not been informed of this application:				
If yes, does the holder of the right of interment consent	to this application? Yes No				
If yes, please obtain the holder's signature below.					
Signature of holder of right of interment:	Date:				
Other matters	Company stamp				
Details of the funeral director or the person otherwise a interment of the human remains:	rranging for the				
Company name (if applicable):					
Title: Given names:					
Surname:					
Address:					
Suburb/town:	State: Post code:				
Telephone:	Fax:				
Email:					
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 pi	re-purchases/pre-need reopen				
Signature of applicant:	Date:				
Warning					
Under section 117 of the Cemeteries and Crematoria A	ct 2003 it is an offence to make a false statement in an				
	y a fine of up to 240 penalty units or 2 years imprisonment				
or both.					
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					
	ess to the information we hold about you and you may request its				
	ess 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 <i>Cemeteries</i> and <i>Crematoria Act 2003</i> . Except for the information you are required to submit under that legislation, you are not obliged to					
	ose not to provide this information, we may not be able to process				
Under the Cemeteries and Crematoria Act 2003, we are also regarding interments, cremations and rights of interment. Me	required to keep records containing certain information embers of the public are entitled to access those records.				