

INTERMENT PERMIT FOR BURIALS APPLICATION

TRIM: 10774

APPLIC	CAN		TH	OUR AUTHORITY TO MAKE 'HIS APPLICATION – Statutory Declaration							
Title		Full Name				am the appointed Executor					
Addres	SS				I am the legal personal representative of the deceased						
Phone			Email			Other please explain					
DETAILS OF THE PERSON WHO THE INTERMENT IS FOR											
Title (Mr/Mrs/Ms/Miss/Dr)				Full Name							
Addres	SS										
Date of Birth				Date of Death							
Age				Attending Doctor							
ACKNO	OWL	EDGEMENT /	AND INDEMI	NITY							
 I, the undersigned, request the Cemetery Operator (Wollondilly Shire Council) to issue a Permit for Interment for the opening of the burial site and the interment of the deceased, and certify that I am duly empowered to authorise the opening of the burial site and the said deceased should be rightly interred in that site. Further, I. the undersigned do indemnify and hold safe and harmless the Cemetery Operator against all actions, proceedings, claims, demands, damages, costs, losses and expenses whatsoever by reason of the Operator having consented to the opening of the site and interment of the deceased. A memorial to the deceased person can be erected upon the interment site, subject to the following; a) It is of the type allowed under the Cemetery Operator's policy/procedures/requirements in that specific interment section. b) No memorial may be erected without prior written approval of the Cemetery Operator. c) No existing memorial may be altered or removed without the Cemetery Operator's prior written approval. The Cemetery Operator reserves the right to refuse permission for any proposed memorial construction or alteration in its absolute discretion without assigning any reason. The Cemetery Operator has the right (but not the obligation) to remove any unapproved memorial or alteration without notice to any person. The Cemetery Operator may accept and process any application concerning an Interment Right from any person/s declaring they are authorised to do so (upon provision of satisfactory written or documentary evidence satisfactory to the Cemetery Operator and payment of the associated fee). The Interment Right holder/s is/are responsible for the care and maintenance of individual interment sites where they have erected a memorial. Glass, alcohol or other items that the Cemetery Operator deems to be a safety hazard are not permitte											
Dated t Applica		nature:	Day o	f		20					
Witness name & Signature:											
Addres	s:					Post code					

BURIAL DETAILS Select type of application and complete the details												
Burial without a particular limits and limit		oproved		Burial with existing approved Interment Right/Reservation								
Full name on Interment Right												
Cemetery	Section			Row		Allotment number						
O Burial into a p	oreviously o	opened grave	pened grave Are the			re existing monumental works? YES / NO						
Full name												
Cemetery		Section			Row	Al	lotment numbe	r				
DEATH CERTIFICATION I have attached the following documents:												
Death Certificate	Orde	Order for Release of Body for Burial or Cremation										
FUNERAL DIRECTOR & SERVICE DETAILS												
Company			Contact name		ie							
Postal address						1						
Phone				Email								
Proposed date of burial			Propose of buria									
Clergy/Celebrant name		Grave Contra										
Graveside Service	YES / N		1 st Interment O Single depth O Double depth O			0						
Fees to be invoiced to:												