



Application for Burial

To be completed by the Funeral Director

Purpose of this form:

To notify the cemetery operator (Lachlan Shire Council) of a proposed interment. This application for burial should be submitted to the cemetery operator prior to an interment taking place.

Section 67 of the *Cemeteries and Crematoria Act 2013*

First interment **Re-opening** **Placement of ashes**

Deceased persons details

Full Name of deceased _____

Last known address _____

Maiden Name _____ Religion _____ Gender _____

Date of Birth _____ Date of death _____ Age _____

Service details

Date of Interment _____ Time of Interment _____

Type of service Church Graveside Private

(Please Circle)

Certificate of death signed by _____

Depth _____ Width _____ Length _____

Reopening details

Current occupant _____

Is there a reservation? _____

Location

Cemetery _____

Area/Wall _____ Row _____ Plot Number _____

Other – please specify _____

Next of Kin/Secondary Contact(s)

Full Name _____
Address _____
Phone _____
Email _____

Please attach an additional sheet for more than one interment right holder or secondary contact.

Funeral Director Details

Name _____
Address _____
Phone _____ Email _____

I have read Lachlan Shire Council's Management of Cemeteries and hereby agree to abide by those conditions.
I have given a copy of Lachlan Shire Council's Management of Cemeteries to the applicant.

Funeral Director Signature Applicant Signature Date

Office Use

Fees to be paid

Plot (106)	
Interment (106)	
Application (105)	
Total	
Receipt number	
Receipt date	
Permit number	