

**2023-2024**

## APPLICATION for PERPETUAL INTERMENT RIGHT

### Bodily Remains - Burial Plot

Is there a pre-existing Reservation	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### 1. Location

Cemetery	
Section/Denomination	
Plot Number	

### 2. Applicant(s) Details

*Holder(s) listed below have sole authority concerning all actions in regards to the noted above interment location.*

Holder 1 (required) *One holder is sufficient however there is provision for an optional second holder.*

Title	<input type="checkbox"/> Executor and <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr			
Name in full				
Address				PC
Phone	Home		Mobile	
Email				
Relationship to Deceased (where applicable)		Date of Birth		

Holder 2 (optional)

Title	<input type="checkbox"/> Executor and <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr			
Name in full				
Address				PC
Phone	Home		Mobile	
Email				
Relationship to Deceased (where applicable)		Date of Birth		

### 3. Proof of Identity

**Holder/s** Provide two (2) identification documents, one of which must be photo identification. Copies permissible.

<input type="checkbox"/> Drivers Licence (both sides)	<input type="checkbox"/> Medicare Card	<input type="checkbox"/> Statutory Declaration (as required)
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Pension / Healthcare / ID Card

#### 4. Contact/ Next of Kin

*This person has no claim over the Interment Right but may assist Council to contact Holder(s) where contact details may have changed.*

Title	<input type="checkbox"/> Executor      and <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr				
Name in full					
Address				PC	
Phone	Home		Mobile		
Email					
Relationship to Deceased (where applicable)					

## 5. Deceased Details

Deceased Details				
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr			
Name in full			Nee	
Last known address				PC
Place of death				
Date of birth		Age		
Date of death		Marital status		
Date of interment		Religion		
Name of Predeceased * if <b>REOPEN</b> of Gravesite				

## 6. Interment of Bodily Remains Details

Funeral Home			
Directors Name			
Address			
Contact Phone		Contact Email	
Date of Interment		Time of interment	
Service Type	<input type="checkbox"/> Graveside Service <input type="checkbox"/> Committal		
Select Document Type	<input type="checkbox"/> MCDC/Coroners Certificate/Notice of Disposal <input type="checkbox"/> Death Certificate		

**PLEASE NOTE:** Council does not supply the casket lowering device, chairs or overhead covering.  
Should you require any of the above you may wish to contact Steve Davies m:0404 092 260

Please leave the grave marker (temporary white cross with name of deceased) with the attending Cemetery Supervisor to place on the burial site once it has been filled.

## 7. Acknowledgement

I, the undersigned declare that I have the authority to request Council for the order for interment as I am the  
(relationship/role) \_\_\_\_\_ of the deceased/deceased's estate.

### Consent to Reopen a Gravesite.

I give my consent to reopen the gravesite of the predeceased, being the Late \_\_\_\_\_

to enable the interment of \_\_\_\_\_ who is the \_\_\_\_\_ of the predeceased.  
(deceased) (relationship)

#### A note about your personal information

The personal information you provide in this form (like your name and contact details) is received by Council for the purpose of exercising its functions under the laws regarding cemeteries and maintaining accurate records regarding these functions. Without having this information, Council cannot provide the interment rights you are seeking in your application. The privacy laws applying to Council regulate your access to the personal information that Council holds. Please Council contact if you have questions about your personal information.

I acknowledge that the nature of this interment right is set out in section 46 of the *Cemeteries and Crematoria Act 2013* and that all other matters regarding the care, control and management of the nominated interment site are at the discretion of Byron Shire Council.

HOLDER #1 \_\_\_\_\_  
SIGNATURE DATE

HOLDER #2 \_\_\_\_\_  
SIGNATURE DATE

### Payment Details - Please refer to Cemetery Fees and Charges available on the Byron Shire Council website

[Fees and charges - Byron Shire Council \(nsw.gov.au\)](http://www.byron.nsw.gov.au)

23-24 Fee Payable		
Interment Right -Burial Plot - <b>Single</b> Depth	<input type="checkbox"/>	\$3,431.00
Interment Right -Burial Plot - <b>Dual</b> Depth	<input type="checkbox"/>	\$4,302.00
Order for Interment -Burial (includes Re-Open)	<input type="checkbox"/>	\$2,224.00
Transfer -Right of Burial Holder	<input type="checkbox"/>	\$ 194.00

Surcharges:

- After 2:30pm
- Exceeded booking time
- Weekend/Public Holiday

Total \$ \_\_\_\_\_.

### CONTACT DETAILS

Phone (02) 6626 7049

Mobile 0456 446 133

Email [cemeteries@byron.nsw.gov.au](mailto:cemeteries@byron.nsw.gov.au)

Web [www.byron.nsw.gov.au](http://www.byron.nsw.gov.au)