



# APPLICATION FOR BURIAL/RESERVATION PERMIT

(Please complete form in **BLOCK LETTERS**, tick appropriate boxes, complete all relevant sections & sign, & date form)

SECTION 1 – INTERMENT (BURIAL PLACE) DETAILS		PERMIT NO:		
<input type="checkbox"/> Reservation <input type="checkbox"/> Immediate Use <input type="checkbox"/> Transfer of Right of Burial <input type="checkbox"/> Open Reserved Grave (1st Interment) <input type="checkbox"/> Open Existing Grave (2nd Interment) <input type="checkbox"/> Single Depth <input type="checkbox"/> Double Depth <input type="checkbox"/> Columbarium	Cemetery:	Section:		
		Allotment/Box:		
		Row:		
	Size of Coffin: Width:	Length:	Depth:	
	<b>Please Note: Council shoring has a clear opening of 660mmx2100mm. Special arrangements must be made for coffins exceeding the opening dimensions and will only be made under exceptional circumstances.</b>			
Name/s of existing burial/s in grave:				
Day/Date of existing burial:				

SECTION 2 - DETAILS ABOUT DECEASED (immediate use)			
Full Name of Deceased:		Title:	
Last Residential Address:			
Suburb/Town:		Postcode:	
Personal Details:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:	Occupation:
Date of Birth:	Date of Death:	Date of Burial:	Age:
Time of Funeral:	Arrival Time at Cemetery:		

SECTION 3 - UNDERTAKER	
Name:	Phone:
Address:	Fax:
Email Address:	
Funeral Director Contact Name:	

SECTION 4 – RESERVATION	
Full Name of Applicant:	Title:
Address:	
Suburb/Town:	Postcode:
Phone No:	
Email Address:	

SECTION 5 - TRANSFER OF RIGHT OF BURIAL	
Full Name of Applicant:	Title:
Full Name of Transferee:	Title:
of	
<i>all my right title and interest in and under the within right of burial.</i>	
Date:	

## SECTION 6 -SIGNATURES

- Being the person registered as the **Holder of the Burial Permit** or in the case of a new grave the person to be registered as the **Holder of the Burial Permit**

**OR**

- Propose to use an existing Right of Burial/Burial Permit** in the absence of or acting on behalf of the person registered as the Holder.

**Signature:** \_\_\_\_\_ **(Applicant)** **Date:** \_\_\_\_\_

I, the above- mentioned Funeral Director, have advised the applicant:

- a) The requirements of the cemetery (monumental/lawn)
- b) That the holder of the Burial Permit has the sole authority to determine who can be buried in the grave and to allow inscriptions, memorials etc to be placed on the grave

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Funeral Director Authorised Signatory)**

PAYMENT DETAILS	BURIAL FEES	
Upper Lachlan Shire Council ABN 81 011 241 552  <b>Receipt Number:</b>	Lawn Cemetery	\$
	General Cemetery	\$
	Interment Fee	\$
	Grave Digging Fee	\$
	2 <sup>nd</sup> Interment Fee	\$
	Columbarium Fee	\$
	<b>TOTAL :</b>	<b>\$</b>

## GENERAL CONDITIONS

- a) Burials will only be allowed if the relevant legislation including but not limited to *Public Health Regulation 2012*, the *WHS Act 2011*, the *Heritage Act, 1977*, and the policy/procedures of Upper Lachlan Shire Council can be satisfied. It is the obligation of the grantee or their agent (e.g. Funeral Director/Next of Kin) of this application to ensure compliance with those Acts and procedures.
- b) Monument ownership and all the responsibilities therein, reside with the grantee and his or her heirs and successors to the grave where the monument is erected.
- c) Payment of Council's fees must be made or arranged prior to burial service.

## PAYMENT

Full payment for reservation must be made at time of reservation. All fees at time of burial will be invoiced. Payment can be posted to our Gunning Office, or payment can be made in person at Council's Administration Building's as per address below.

**Crookwell Office**  
Upper Lachlan Shire Council  
  
44 Spring Street  
CROOKWELL NSW 2583  
Phone: 02 4830 1000 Fax: 02 4832 2066

**Gunning Office**  
Upper Lachlan Shire Council  
PO Box 42  
123 Yass Street  
GUNNING NSW 2581  
Phone: 02 48454100 Fax: 0248451426

w: [www.upperlachlan.nsw.gov.au](http://www.upperlachlan.nsw.gov.au) e: [council@upperlachlan.nsw.gov.au](mailto:council@upperlachlan.nsw.gov.au)